



County of Santa Cruz



HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 Emeline Ave., SANTA CRUZ, CA 95060
TELEPHONE: (831) 345-8324 TTY: Call 711

Public Health Department Operations Center (DOC) Resource Request Form *Application must accompany Resource Request Form (attached)*

Please read prior to filling out form:

- Resource need is immediate and significant or is anticipated to be so.
- Supply of the requested resource has been exhausted, or exhaustion is imminent.
- Resource is not available from the internal corporate supply chain, other commercial vendors, or through existing agreements.
- Request to County should be a last resort.
- Please fill out Resource Request Form entirely.

Facility Name: _____ Director/Contact: _____

Facility Address: _____ Phone: _____

Healthcare Facility: Yes No

If **YES**, select all that apply:

- Inpatient (Hospitals) Urgent Care (FQHC, Urgent Dental) Congregate Medical (SNF's, Jail Clinics, Isolation Shelter Staff) EMS/Fire (AMR, EMSIA, CCA) Primary Care Clinics (stand-alone medical offices)
- Decedent Care (Funeral Homes, Coroner) Shelter DOC Deployment Med- Health Deployment

For Medical Facilities only: Licensed Number of Beds: _____ Current Census: _____

| Available Surplus Personal Protective Equipment (PPE) (each) | Total PPE Quantity Requested |
|--|------------------------------|
| N95 Masks | |
| Gloves | |
| Shoe Covers | |
| Germicidal Wipes | |
| Tyvek Suits | |
| KN95 Masks | |
| Other (For Purchase): | |

* Inpatient facilities please use the CDC's: [Burn Rate Calculator](#)

ATTN County Departments: A request to the Public Health DOC Logistics Unit should be submitted once all procurement options have been exhausted. In the instance that DOC funding is not available, please be aware that your home GL key will be charged to purchase supplies.

Signature of Authorization: _____



County of Santa Cruz Public Health DOC RESOURCE REQUEST FORM



TR#/RR# (To be assigned by the original requesting entity):

| | | | |
|----------------|---------|-------------------------------------|-------|
| Incident Name: | | Date: | Time: |
| Facility Name: | | Requestor Name & Position/Function: | |
| E-mail: | Phone#: | Alternate Phone: | Fax: |

Mission: What are you trying to accomplish with these items? Please specify if there is an outbreak.

| |
|------------------------------------|
| GL Key (County Staff ONLY): |
| JL Key (County Staff ONLY): |

| | |
|--|--|
| 4. ORDER — Equipment and Supply Request Details | Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request. |
|--|--|

| Line item | Priority ¹ | Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, exact links, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, conc., etc.) (Equipment/ Supplies: type, name, capabilities, output, capacity) | Total Requested (Each) * Refer to Page 1 of PPE Request Application, Total PPE Requested field | Expected Duration of Use: | Quantity | | | |
|-----------|-----------------------|---|---|---------------------------|-------------------|---------------|-----------|----------------|
| | | | | | Authorized Amount | Filled Amount | Pallet ID | Transaction ID |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | |
|--|--|-----------|----------------|
| Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.) | Receiving Name and Signature DO NOT SIGN HERE UNTIL EQUIPMENT/SUPPLIES ARE PICKED UP FROM THE DISTRIBUTION CENTER | | |
| | Print Name | Signature | Signature Date |

¹ PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainability

Instructions: E-mail resource requests to hsa.PH.logistics@santacruzcountyca.gov
If you would like to contact someone by phone, please call 831-345-8324

ATTN County Departments: Any supplies to be acquired commercially will be charged to GL and JL codes provided on form and confirms authorization of purchase.

Complete and Email (Only works with Adobe Acrobat).

Organization ID: