

|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------|----------------------------------------------------|--------------------------|------------------|
| <b>1. Incident Name:</b>                                                                                                                                                                      |                                                                                                                                                                                              | Purpose: ICS Form 213RR is used by all incident personnel to request tactical and non-tactical resources (supplies, equipment, personnel and services). |                                                                                                                                                                                                                                |                                                                        |                   | <b>Resource Request Message<br/>ICS Form 213RR</b> |                          |                  |
| <b>2. Date/Time Prepared</b>                                                                                                                                                                  |                                                                                                                                                                                              | <b>A. Logistics Resource Request Number (assigned by Logistics Section):</b>                                                                            |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
| <b>3. ORDER</b><br>Note: One 213RR per funding source      3a. Funding Source (if known): ACCT # _____                                                                                        |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
| <b>Requester</b>                                                                                                                                                                              | <b>3c. Qty</b>                                                                                                                                                                               | <b>3d. Unit</b>                                                                                                                                         | <b>3e. Detailed description of resource requested (supplies, equipment, personnel, services) and, if applicable, staple attachments for purpose/use, diagrams, and other information.(Ops indicate if request is TACTICAL)</b> | <b>3f. Requested Reporting</b>                                         |                   | <b>3g. (RESL) Tactical? Y/N</b>                    | <b>3h. LSC/FSC</b>       | <b>3i. PC PO</b> |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                | <b>Location:</b>                                                       | <b>Date/Time:</b> |                                                    | <b>Vendor or Agency:</b> |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Vendor or PO #:</b>   |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>ETA:</b>              |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Cost:</b>             |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Vendor or Agency:</b> |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Vendor or PO #:</b>   |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>ETA:</b>              |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Cost:</b>             |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Vendor or Agency:</b> |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>Vendor or PO#:</b>    |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | <b>ETA:</b>              |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   | <b>Cost:</b>                                       |                          |                  |
| <b>4. Suggested source(s) of supply if known also Point-of-Contact phone number and suitable substitutes, if known :</b>                                                                      |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                | <b>5. Requester</b> 5a. Requester Position and Signature: (Print Name) |                   |                                                    |                          |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                | 5b. Contact Method/Number(s):                                          |                   |                                                    |                          |                  |
|                                                                                                                                                                                               |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                | <b>6. Section Chief/Command Staff Approval:</b>                        |                   |                                                    | Date/Time:               |                  |
| <b>Logistics</b>                                                                                                                                                                              | <b>7. LSC Notes:</b>                                                                                                                                                                         |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
|                                                                                                                                                                                               | <b>8. Logistics Section Signature:</b>                                                                                                                                                       |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | Date/Time:               |                  |
|                                                                                                                                                                                               | <b>9. Property Management Officer or Property Accountable Officer/Designee Signature:</b>                                                                                                    |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | Date/Time:               |                  |
|                                                                                                                                                                                               | Was property available internally)? <input type="checkbox"/> Yes, reassign resources to incident. <input type="checkbox"/> No, then submit ICS Form 213 RR-EPA to EOC or FSC for processing. |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
| <b>10. Order placed by (check box):</b> <input type="checkbox"/> LOG <input type="checkbox"/> PROC <input type="checkbox"/> OTHER _____    DATE ORDER WAS PLACED _____    DATE RECEIVED _____ |                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
| <b>Finance</b>                                                                                                                                                                                | <b>11. Reply/Comments from Finance:</b> <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY    ACCT # _____                                                                       |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
|                                                                                                                                                                                               | <b>12. Finance Section Signature:</b>                                                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | Date/Time:               |                  |
| <b>Planning</b>                                                                                                                                                                               | <b>13. RESL - Note availability of each resource request:</b>                                                                                                                                |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    |                          |                  |
|                                                                                                                                                                                               | <b>14. RESL Review/Signature:</b>                                                                                                                                                            |                                                                                                                                                         |                                                                                                                                                                                                                                |                                                                        |                   |                                                    | Date/Time:               |                  |

Full instructions and routing information on back page. Requester fills all white areas, as well as block 4, if suggested source is known. Requester obtains appropriate Section Chief or Command Staff approval in block 6. Requester submits to Logistics.