**FLPHA MOU Operational Plan**

**Appendix 3.2: Available Assets Form**

|  |
| --- |
| **Sending County Information** |
| County: |  |
| LHD POC: |  | Title: |  |
| Phone Number: |  | Email Address: |  |
| Public Health Mutual Aid: | [ ]  Available [ ]  Unavailable [ ]  Needs Further Review |

|  |
| --- |
| **Staff Available** |
| Credentials:(Check all that apply.) |  [ ]  Medical Number Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Non-Medical Number Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date(s) Available: |  |
| Additional Information: |  |
|  |

|  |
| --- |
| **Equipment, Supplies, & Pharmaceuticals Available** |
| Equipment: | [ ]  Yes [ ]  No | Transportation Available: | [ ]  Yes [ ]  No |
| Equipment Available: |  |
|  |
|  |
| Supplies: | [ ]  Yes [ ]  No | Transportation Available: | [ ]  Yes [ ]  No |
| Supplies Available: |  |
|  |
|  |
| Pharmaceuticals: | [ ]  Yes [ ]  No | Transportation Available: | [ ]  Yes [ ]  No |
| Pharmaceuticals Available: |  |
|  |
|  |
| Additional Information: |  |
|  |

|  |  |
| --- | --- |
| Authorizing Signature: |  |
| Printed Name: |  |
| Title: |  | Date: |  |