**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: |  |