**FLPHA MOU Operational Plan**

**Appendix 3.1: Assets Request Form**

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| --- | --- | --- | --- | --- |
| **Receiving County Information** | | | | |
| County: |  | | | |
| LHD POC: |  | | | |
| Title: |  | | Phone Number: |  |
| Email Address: | |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event Information** | | | | | | | | | |
| Date: | |  | | | | | | | |
| Type: | | Biological/Communicable Disease  Radiological or Nuclear  Explosive or Explosion  Chemical Spill or Contaminates  Other (Natural disaster, Pestilence, Civil Unrest, etc.) | | | | | | | |
| Details: | |  | | | | | | | |
|  | | | | | | | | | |
| Location: | | |  | | | | | | |
| Street Address: | | | |  | | | | | |
| City: |  | | | | | State: |  | Zip Code: |  |
| Additional Information: | | | | |  | | | | |
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| **Staff Request** | | | | | | |
| Credentials:  (Check all that apply.) | | | Medical Number Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Non-Medical Number Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Brief Description of Duties: | | |  | | | |
|  | | | | | | |
| Date(s): |  | | | Length of Shift(s): |  | |
| Start Time of Shift(s): | | AM  PM | | AM  PM | | AM  PM |
| AM  PM | | AM  PM | | AM  PM |
| Additional Information: | |  | | | | |
|  | | | | | | |

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| **Equipment, Supplies, & Pharmaceuticals Request** | | | | | | | | | | | | | | | |
| Equipment: | | | | Yes  No | | | | | | Date(s): | |  | | | |
| Equipment Requested: | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Supplies: | | | Yes  No | | | | | | | Date(s): | |  | | | |
| Supplies Requested: | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Pharmaceuticals: | | | | | | Yes  No | | | | Date(s): | |  | | | |
| Pharmaceuticals Requested: | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Location: | |  | | | | | | | | | | | | | |
| Street Address: | | | | |  | | | | | | | | | | |
| City: |  | | | | | | | | | | State: | |  | Zip Code: |  |
| Additional Information: | | | | | | | |  | | | | | | | |
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| **Response** | |
| Please respond to the LHD POC via email using Appendix 3.2: *Available Assets Form* of the *FLPHA MOU Operational Plan*. | |
| Response Needed By: |  |
| Email To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Initial notice activating the FLPHA Intermunicipal Agreement was given on: | | | |
| Date: |  | Time: |  |
| Via: | IHANS  Email  Phone\*  Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  *\*Please confirm any verbal requests in writing at the earliest possible date, but no later than ten days following the initial request.* | | |

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