**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: |  |

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| **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: |  |

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| --- |
| 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: |  |