



RESOURCE REQUEST MESSAGE (ISM 213 RR)

1. Incident Name:				2. Date/Time		3. Resource Request Number:	
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):						
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time		Cost
					Requested	Estimated	
5. Requested Delivery/Reporting Location:							
6. Suitable Substitutes and/or Suggested Sources:							
7. Requested by Name/Position:				8. Priority: ☐ Urgent ☐ Routine ☐ Low		9. Section Chief Approval:	
Resource Support	10. SECC Order Number:				11. Supplier Phone/Fax/Email:		
	12. Name of Supplier/POC:						
	13. Notes:						
	14. Approval Signature of Authorized Rep:				15. Date/Time:		
16. Order placed by (check box): ☐ SPUL ☐ PROC							
Finance	17. Reply/Comments from Finance:						
	18. Finance Unit Signature:				19. Date/Time:		
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DISASTER & EMERGENCY SERVICES
SECC
RESOURCE REQUEST (ISM 213RR-SECC)

GENERAL INSTRUCTIONS

Purpose. The ISM 213-RR is used to request resources, support SECC resource ordering, document sourcing and supplier information, and assist with cost tracking during an incident.

Preparation. The form is initiated by the requestor. The requestor completes Items 1 through 8 and obtains approval in Item 9. Resource Support/Logistics completes Items 10 through 16. Finance completes Items 17 through 19.

Distribution. The completed form should be maintained as part of the incident resource-ordering record and provided to the Documentation Specialist or other incident records custodian.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Date/Time	Enter date the resource requested is initiated (MM/DD/YYYY) and time initiated (using 24-hour clock).
3.	Request Order Number	Enter the local resource request number assigned by the requestor, if used. If the request is submitted to the SECC, the SECC will assign the official Resource Order number under Item 10.
4.	Order	The Enter the quantity, kind, type, and detailed item description for each requested resource. Use NIMS kind and type when a typed resource definition exists. Describe the capability needed clearly enough for sourcing, including any required qualifications, specifications, size, delivery requirements, or other mission-essential characteristics. Enter the requested and estimated arrival date/time and estimated cost if known; SECC or Resource Support may update these fields as the order is sourced and confirmed.
5.	Requested Delivery/Reporting Location	Enter the specific location where the resource should report or be delivered, including site name, address, contact name, and any access or reporting instructions if needed.
6.	Suitable Substitutes and/or Suggested Sources	Identify acceptable substitute resources and any known or preferred sources of supply. This helps SECC or Resource Support locate a workable option if the exact requested resource is not available.
7.	Requested by Name/Position	Enter the name and position of the requestor. Include contact information if local procedure requires it.
8.	Priority	Check the priority that best reflects the operational need: Urgent , Routine , or Low . Use Urgent for an immediate need affecting life safety, incident stabilization, or critical operations; Routine for a needed resource that is important but not immediate; and Low for a request that can be filled as available.
9.	Section Chief Approval	Enter the name, position, and signature or approval of the appropriate Section Chief or other authorized supervisor, based on local incident organization and approval procedures.
10.	SECC Order Number	Enter the official Resource Order number assigned by SECC after the request is accepted into the state mobilization process.
11.	Supplier (Name/Phone/Fax/ Email)	Enter the name, phone number, and relevant contact information for the supplier
12.	Name of Supplier/POC	Enter the name of the supplier, agency, vendor, or point of contact providing the resource.
13.	Notes	Enter any additional information needed to support ordering, delivery, check-in, or use of the resource, such as mission details, ordering constraints, safety concerns, travel information, or special handling requirements.
14.	Approval Signature of Authorized Rep	Enter the signature or approval of the authorized Resource Support, Logistics, or other designated ordering representative who approved placement of the order.
15.	Date/Time	Enter the date and time Item 14 was approved.
16.	Order placed by (check box)	Check the box for the position that placed the order. Use SPUL for Supply Unit Leader or PROC for Procurement. If local procedure uses another ordering function, revise the form accordingly.
17.	Reply/Comments from Finance	Enter any finance, reimbursement, coding, documentation, or purchasing comments related to the request
18.	Finance Unit Signature	Enter the signature or approval of the authorized Finance representative reviewing the request.
19.	Date/Time	Enter the date and time Item 18 was completed.