

State of Nevada
NDEM/SEOC Resource
Request Form

Incident #

Resource Order #

☐ Originated as verbal

I. REQUESTING ASSISTANCE (To be completed by Requestor or Logistics)

1. Date & Time Request Initiated:

2. Requestor's Name (Please Print)

3. Contact Number:

4. E-Mail:

5. Requestor's Organization:

II. REQUESTING ASSISTANCE (To be completed by Requestor) ☐ Resources ☐ Technical Assistance ☐ Other

1. Description of capability or resource needed: (Be as specific as possible. Include the Who, What, When, Where and Why of the request.)

2. Size:

3. Amount:

4. Location:

5. Time/Date Needed:

6. Priority: ☐ Lifesaving ☐ Life Sustaining ☐ High ☐ Normal

7. Site Point of Contact(POC):

8. 24 Hour Phone #:

☐ Logistics Review By: _____

III. SOURCING THE REQUEST (To be completed by Operations)

1. Sourced To: ☐ Internal/Logistics ☐ Requisitions/PO ☐ ESF ☐ Federal Asset ☐ Other

2. Assigned To: ESF ESF Other Other

☐ Operations Review By: _____

IV. RESOURCE ESTIMATED COST (To be completed by assigned ESF)

1. Estimated Cost:

2. Estimated Time of Departure from home base:

3. Estimated Time of Arrival at staging area:

V. SEOC MANAGER/FINANCE APPROVAL

SEOC Manager

☐ Approved ☐ Rejected

If Rejected, why?

SEOC Manager Signature:

Finance Manager Signature:

VI. RESOURCE DETAILS (To be completed by assigned ESF)

Details of sourced request: (Who, What, When & Where of how the request will be filled)

☐ Requestor Notified of Request Fulfillment & Delivery Information

Initials: _____

VII. RESOURCE RELEASE INFORMATION (ESF/NDEM Use Only)

Released By: (Name & Organization)

Estimated Time of Departure from Incident:

Estimated Time of Arrival at Home Base:

Final Review (NDEM):