



EHPC Resource Request Form

Request Type	<input type="checkbox"/> Level 1a – Full Field Hospital <input type="checkbox"/> Level 1b – Personnel <input type="checkbox"/> Level 2a – Mission Package <input type="checkbox"/> Level 2b – Single Resource	Mission/ Requisition Number:
		Incident Name:
Requesting Organization		
Deployment Objectives:		
Deployment Date:	Hard Date <input type="checkbox"/> Y <input type="checkbox"/> N Slip/Alternate Date:	Notes:
Deployment location:	Est Deployment Duration:	
Event Time Frame (Preplanned event scheduled. times):	Mission Ready Time (Time prior to event needed):	
Level 1a Specifics Requesting:	<input type="checkbox"/> Full SMAT II Field Hospital (12-24 hour out the door time) <ul style="list-style-type: none"> 72-80 Personnel for 24/7 op 53 foot trailer – 40-50 Bed Field Hospital (hard surface for trailer) 32 foot trailer – Logistics/Medical/MCI 26 foot trailer – Clinical support 18 foot trailer – Operational support 200' x 200' foot print minimum Will need resupply access (roadway) Prefer co-location with USAR <input type="checkbox"/> SMAT III Deon Request (30-min to 1 hour out the door time) <ul style="list-style-type: none"> 24 foot trailer, 15,000 GVW 3 Lane Drash Decon Shelter (2 Ambulatory, 1 Non-ambulatory) 100 pts per hour 12.5 kw portable generator (Gas 16 gallon) Hot water heater (Diesel 10 gallon) Level C PPE 8 PAPRs NAAK (240 Duodotes, 60 0.5mg AtroPens, 60 1mg AtroPens) System can be used for Responder Rehab BLS bag, Rad 57, O2 6 UHF Vertex Radios with Decon headsets 7 to 12 personnel Hydrant or 90 psi water source needed 	



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Level 1b Specifics
Requesting:

SMAT III Medical Surge / Rehab Request (Out the door time depends on request)

- 24 foot trailer, 15,000 GVW (Can vary)
- GK 1935 Shelter (570 sq ft – 8pt) and/or Mobile Support Unit (MSU trailer – 4pt)
- HVAC for shelter
- 12.5 kw portable generator (Gas 16 gallon)
- (8) WestCots
- 10 pt O2 Distribution System
- Stephenson Case (Medical Treatment Station)
- 15' Prism Light
- NAAK (240 Duodotes, 60 0.5mg AtroPens, 60 1mg AtroPens)
- System can be used for Responder Rehab for longer term events
- BLS bag, Rad 57, O2
- (6) UHF Vertex Radios with Decon headsets
- (1) Aviation Radio
- (1) VIPER Motorola XTS 5000
- Personnel will depend on request
- Additional Mission Information _____

Personnel Only (6-24 hour out the door time)

- Specify _____
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EHPC Resource Request Form

<p>Level 2a Specifics Requesting:</p> <p><i>Equipment only or equipment with limited logistics support personnel. Additional personnel will require longer deployment time.</i></p> <p><i>This is not a complete inventory of the trailers</i></p>	<p><input type="checkbox"/> Package</p> <p><input type="checkbox"/> Decon (30 minute deployment for equipment – 20 minute set-up time)</p> <ul style="list-style-type: none"> • 24 foot trailer, 15,000 GVW • 3 Lane Drash Decon Shelter (2 Ambulatory, 1 Non-ambulatory) • 10' x 10' Pop-up Shelter • 100 patients per hour • 12.5 kw portable generator (Gas 16 gallon) • Hot water heater (Diesel 10 gallon) • Hot air handler (LP) • Ram fans w/ optional mister • Level C PPE • 12 PAPRs • NAAK (240 Duodotes, 60 0.5mg AtroPens, 60 1mg AtroPens) • 15' Prism Scene Lighting • System can be used for Responder Rehab • BLS bag, Rad 57, O2, First-Aide Kit, and AED • 6 UHF Vertex Radios with Decon headsets • 12 personnel needed – 6 dress out, 6 set-up (Requestor to Provide) • Hydrant or 90 psi water source needed <p><input type="checkbox"/> MCI / Logistics / Medical Resupply</p> <ul style="list-style-type: none"> • 32 foot trailer, 15,000 GVW • 14' x 20' Drash Shelter • 10' x 10' Pop-up Shelter • 15 kw portable generator (Gas 16 gallon) • SMART triage for 100 pts • 15' Prism Scene Lighting • 50 Adult Spine Boards w/ CID and Straps • 20 Peds Spine Boards w/ CID and Straps • BLS bag, Rad 57, First-Aide Kit, and AED • 2 ALS Thomas bags • 24 D O2 Cylinders • 2 H O2 Cylinders • O2 Distribution • Airway management and IV management • Splinting • PPE (Gloves, Gowns, Mask, Work Gloves, Goggles) • Field BioSeal (Fatality management) • Trailer Boot Connector to Western Shelter • Hand Tools • 1600 gallon per day water purification system • Field Hospital Medical Supplies • Field Comms package <ul style="list-style-type: none"> ○ 2 Viper 800 mHz Radios ○ 4 UHF Vertex Radios ○ Global Star Sat Phones ○ MiFi Hot Spot ○ Aviation Radio • 6 UHF Vertex Radios
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Continued

Clinical Support

- 26 foot trailer, 14,000 GVW
- GK 1935 Shelter (570 sq ft)
- HVAC for shelter
- 15 kw portable generator (Gas 16 gallon)
- 8 kw on board generator (Gas 30 gallon w/ pump out)
- 10' x 10' Pop-up Shelter
- First-Aid Kit and AED
- Portable X-Ray system (DENR registered)
- Portable Ultrasound
- iStat Portable Point of Care Testing for Serum Chem 8+ (CLIA waived)
- 2 mini Refrigerators for Lab and Pharmaceuticals
- Trailer Boot Connector to Western Shelter
- 6 UHF Vertex Radios
- SMAT Quick-Out pharmacy cache
 - Antivirals, Anitbiotics, 10 Lilly Cyanide Kits, Calcium bulk, Atropine bulk, ALS
- Transport for SMAT "Go-Pack" Pharmacy Cache
 - ***\$54k cost for Go-Pack deployment, Non-returnable***

Operational Support

- 18 foot trailer, 9,950 GVW
- GK 20 Shelter (20' Octagon Shaped Shelter – ½ the size of GK 1935, 286 sq ft)
- HVAC for shelter
- 15 kw portable generator (Gas 16 gallon)
- 10' x 10' Pop-up Shelter
- DOT-style Perimeter Fencing
- Trailer Boot Connector to Western Shelter
- Gun Safe
- 6 UHF Vertex Radios
- 12 MSA Gas Masks
- 4 PAPRs
- First-Aid Kit and AED
- 2 sets of Bunk Beds
- Support for 12 member Force Protection Detail for safety and security missions

Functional Medical Shelter Support

- 40 foot goose neck trailer, 21,000 GVW
- 15 kw portable generator (Gas 16 gallon)
- 10' x 10' Pop-up Shelter
- 80 WestCots 18" high
- Medical supplies focused at sheltering Functional Medical Pts
- 4 M O2 Cylinders
- First-Aid Kit and AED



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	<input type="checkbox"/> Mass Evacuation <ul style="list-style-type: none"> • 42 foot ambulance bus, 36,200 GVW • 20 stretcher patients or 30 ambulatory • BLS certified by NC OEMS • Basic supplies as found on BLS Ambulance
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<p>Level 2b Specifics Requesting:</p> <p><i>Equipment only or equipment with limited logistics support personnel. Additional personnel will require longer deployment time</i></p> <p><i>This is not a complete inventory of the trailers</i></p> <p>Continued</p>	<input type="checkbox"/> Single Resource <ul style="list-style-type: none"> <input type="checkbox"/> Light Towers / Lighting <ul style="list-style-type: none"> • <input type="checkbox"/> MTT 25 (1) with each SMAT II <ul style="list-style-type: none"> ○ 18' trailer, 12,000 GVW ○ (4) 1000 Watt Lights ○ 30 foot tower ○ 15 kw Single Phase – 120/240V ○ 18 kw Three Phase – 120/208V or 277/480V ○ Diesel, 246 gal, 127 hr run time with full load ○ (2) 120 V 20 Amp GFCI outlets ○ (2) 240 V 30 Amp twistlock ○ (2) 240 V 50 Amp twistlock ○ 500 Gallon Water Tank with 3.0 gpm water pump • <input type="checkbox"/> Genie (1) with each SMAT II and SMAT III <ul style="list-style-type: none"> ○ DOT style ○ (4) 1000 Watt Lights ○ 30 foot tower ○ Diesel, 30 gallon 60 hr run time with full load • <input type="checkbox"/> Prism Light (4) with SMAT II and (4) with SMAT III Number needed _____ <ul style="list-style-type: none"> ○ 15' Inflatable ○ (1) 1000 Watt Lights ○ Electric, 120V <input type="checkbox"/> Ventilators <ul style="list-style-type: none"> • (18) Eagle 73x Impact Transport Vent • (2) LTV 1200 Vent • Circuits for each • Suction available <ul style="list-style-type: none"> • Numbers needed _____ <input type="checkbox"/> Isolation / Quarantine <ul style="list-style-type: none"> • (2) Iso-Pod isolation system (Used to isolate patients for transport) • (8) HEPA Filters, Abatement Predator 600 • Vestibule Isolation Upgrade for Western Shelter • (5) HEPA Air Mate PAPRs • Numbers needed _____
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	<p><input type="checkbox"/> PPE cache (Disposables)</p> <ul style="list-style-type: none">• N95 3M 1860 (5400)• N95 3M 1860s (480)• N95 3M 8000 (180)• Surgical Masks (30,000)• Gloves (6000)• Gowns (4800)• Stat Paqs (1600 – 3M 1870, Gloves, Gowns, Booties, Goggles)• Numbers needed _____
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Continued

Automated External Defibrillators

- (8) Zoll AED Plus
- Numbers needed _____

Western Shelter Systems

- (14) GK 1935 w/ HVAC (7 – SMAT II, 5 – SMAT III, 1 – PCMH, 1 – Heritage)
- (1) GK 20 w/ HVAC (1 – SMAT II, 1 – PCMH)
- (3) Hygiene Centers (3 – SMAT II, 1 – Heritage)
- (3) Water Purification System (1600 gal per day per system, 2 – SMAT II, 1 – SMAT III)
- Numbers needed _____

Alternate Care Facility Trailer

- 20 foot trailer, 9000 GVW
- (50) Army Cots
- (10) WestCots
- IV Poles
- Linen
- PPE (Gloves, Gowns, 240 N95 3M 1860)
- BP Cuffs
- Table
- Chairs
- Tripod Lighting
- Hand truck
- AED
- ****Total of 20 ACF trailers in ERAC Region, One at each hospital****
- Numbers needed and where _____

Surge Supplies

- (50) Army Cots
- (60) WestCots (48" – 20 with Side Rails)
- (2) MasCache Combo Pods (25 pts Adult/Peds for 96 hrs)
- IV Poles
- Linen
- (8) Stephenson Cases (Medical Treatment Station)
- Numbers needed and where _____

Rehab Supplies

- (2) Port-A-Cool
- (2) Ram Fans with mister rings (small area)
- (2) Floor fans
- Chairs
- Coolers and Ice



Other Request



<p>NOTICE</p>	<p>Items listed here are available for deployment during disasters, surge events, pre-planned events (mass gatherings, sporting events, etc...), and/or trainings. On occasion, there can be usage fees associated with the deployment of these items. It all depends on the request. Any usage fees will be negotiated prior to the deployment of the equipment. Any fuel fees will be encumbered by the requester. Any damage to equipment will also be encumbered by the requester. Movement of assets will be negotiated prior to the deployment.</p> <ol style="list-style-type: none"> 1. I have inspected the item and it appears to be in working order; 2. I understand the method of operation of the items and shall not try to avoid liability for any damage on the grounds of not being familiar with the operation procedures; 3. I shall ensure that the equipment borrowed is not used by a third party; 4. I will return the equipment borrowed in good condition (fueled and cleaned) on or before the anticipated return date, but also agree that the equipment borrowed may be requested to be returned early; 5. I accept full responsibility for the transport both from and to the EHPC SMAT II warehouse and agree that EHPC SMAT II is not responsible for this; 6. I shall immediately advise the EHPC HPC when I become aware of any damage to or loss of the items or any part of it; 7. If the period of the loan extends beyond 1 year, either within the initial agreement time or subsequent extensions, I shall make the equipment available to the HPC or designee for inspection to check equipment's' existence, condition and certification. If certification has expired, the equipment will need to be recertified and or swapped with a certified replacement piece of equipment. 8. I will use the equipment only for the purpose outlined in the scope of the manufacturer's specification; 9. I agree to accept complete responsibility for the condition, care and custody of the item until it is returned and, in particular, I agree to pay the cost of any necessary repairs to or replacement of the item if it or any part of it is damaged. 10. During a Regional Emergency event, all loaned equipment should be returned to the coalition within two hours of notification. 	
<p>Requester:</p>	<p>Date:</p>	<p>Agency:</p>
	<p>Name:</p>	<p>Signature:</p>
	<p>Condition of equipment (see last page):</p>	



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Point of Contact: POC at destination who will coordinate mission details upon arrival at destination.	Name:		Title/Rank:	
	Position:			
	Work Phone: Phone:			
	Radio Frequency:			
	Call sign:		Cell Phone:	
ERAC USE ONLY	Person receiving request:		Date:	
	Reviewed with (VMC Leadership):			
	External Agency (other SMAT, hospital, etc...) assisting with request:			
	External Agency POC:			
	Email:		Cell Phone:	
	Date Approved:		Time Requester Notified:	
Notes				



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Return	Return date: _____ Condition of equipment: _____ Signature of authorized representative: _____ Printed name of borrower: _____ Signature of RAC HPC or designee: _____ Mileage / Hours on Equipment: _____
Equipment Condition Guidelines	<p>Poor: Equipment working but damaged and without all parts</p> <p>Fair: Equipment working but damaged, all parts present</p> <p>Good: Equipment working with expected wear and tear for age/use</p> <p>Excellent: Equipment working, new, out of the box</p>