

APPENDIX B – SEMN H-MACC RESOURCE REQUEST FORM

Requesting Facility Name:

Request Date:

Requesting Facility Point of Contact

Name:				
Address:				
City:				
County:		State: MN	Zip:	
Phone:		Fax:		
Cell:		Email:		

Local Emergency Manager/ EOC Contact

EM Name:	
EM Phone:	
EM Email:	
EOC Phone:	
Other Information:	

Name and/or Description of Supply Being Requested	QUANTITY REQUESTED	Comments	For SE Region Use QUANTITY APPROVED

Submit This Request Form to ALL LISTED BELOW:

- SEMN Healthcare MACC – HospitalDisasterCompact@mayo.edu and kristen@myacst.com Phone 651-707-7174
- Mayo Clinic HICS Liaison rsthicsliaison@mayo.edu Phone 507-255-9869
- Local Emergency Manager/EOC

Signature:

Date:

Time:

Have you exhausted local supplies? Yes No
Have your local/vendor contingency supplies been exhausted? Yes No

Please Explain:

Delivery and Logistical Notes: you will be instructed on how to come pick up the resource.

Other notes:

Important Information: A facility that receives stock out of the Regional cache will be asked to replace the supplies taken with new requisitioned material in an emergency, to replenish the regional cache. This may occur after the facility's supplies have been replenished and the facility is in a sustainable supply position.