

ORDER SHEET

Resource Request: Medical and Health

Op Area (MHOAC) to Region/State

Date: _____

Page ___ of ___

ENVIRONMENTAL HEALTH PERSONNEL REQUEST DETAILS								Fulfillment		
Item#	Priority (High, Medium, Low)	Indicate Type of Personnel Requested (EHS, CUPA, or Supvr/Team Leader) <i>use separate line for each</i>	Indicate Number of Personnel Requested	Indicate EH or CUPA Program Area Experience Required (e.g. Solid Waste/Debris, Food , Water, Housing, HazMat, USTs, etc.) <i>use separate lines as needed</i>	Indicate Skills, Training, and/or Certification Required (e.g. REHS, 40-hr HAZWOPER, ICS 100,200,300,400,700,800) or Requested (e.g. SafeServe, UST ICC cert, CalARP, EHTER, CPR, etc.) <i>certification must match duties</i>	Indicate Date Requested (Duty Start Date)	Indicate Anticipated Length of Deployment Requested (e.g. 14 Days)	Approved	Filled	Tracking or Mission #
1										
2										
3										
4										
5										
Deployment/Mission Details (Indicate the Activities and Duration of Mission the Requested Personnel Will Be Conducting):										
Staging Details (Indicate Address Where Personnel are to Report):					Report to POC (Indicate Name, Title, Contact Information):					
Will Lodging Be Provided? YES___ NO___	Will Food/Water Be Provided? YES___ NO___	Do Personnel Need to Bring Field Equipment? YES___ NO___ Indicate What Is Needed:			Do Personnel Need PPE? YES___ NO___ Indicate What PPE Is Needed:		Do Personnel to Need Bring Gov't Vehicle? YES___ NO___			