

| | of Texas A | Assistan | ce Kequ | iest (51 <i>F</i> | AK) | (Latest v | ersion as | of 10/11) | |
|--|--------------------|-------------------|---|---|---|------------------------------|------------------------------|-----------------|--|
| Incident Name: Training - 2012 WebEOC Training Incident TRAINING | | | Initial Request Date / Time: 7/17/2012 08:27:16 | | | Requesting County: NUECES | Request #: 20-14523RR-DSH | | |
| Is this RR Tied | I to Another Reque | st? (provide othe | Request Nun | nber) | Other Tracking N | Numbers: | ' | | |
| Requested Ite | m Description | | | | | | | | |
| Qty | Unit Item I | | Name | Detailed Item Description: (kind, type, characteristics, brand, specs, size, | | size, etc.) | Cost | Demob Item? | |
| 1 | Each | DSHS CASPER Team | | Health and Medical (ESF-8) request. Require a CASPER team with up to 30 people that is capable of conducting an assessment (household surveys) of public health needs in community W which was impacted by Hurricane Z. These personnel will be procured from the DSHS CASPER roster. | | | | | |
| | Purpose for Reque | | | • | | | • | • | |
| | ted for Health and | Medical assessm | ents of impac | ted area | _ | | | | |
| When is this Resource Needed? 07/22/2012 | | | | | Estimated Timeframe of Need (how long will you need this resource?) 1Weeks | | | | |
| Delivery Inform | | | | | | | | | |
| Final Destination | *** | | | | | | | | |
| Point of Contact (POC) Name: Vivienne Heines | | | POC Telephone Number: 361-888-7837 | | Facility Name: Corpus Christi MOC | | Facility Zip: | | |
| | | | | | | //00 | 78416-1399 | | |
| Facility Address: 1922 South Padre Island Drive - DPS Headquarters | | | | | Facility City: | Corpus Christi | | Facility State: | |
| Additional Instructions: | | | | | Corpus Criristi | Corpus Crinsu | | IIX | |
| Additional inst | ructions. | | | | | | | | |
| Requestor Info | ormation | | | | | | | | |
| Requested by Position (Name): | | | | Requestor En | nail: | Requestor Phor | Requestor Phone Number: | | |
| HSR 11 Operations (WidtfeldtMike0519) mike.widtfeldt(| | | | 2) dshs.state.tx.us 512-776-6330 | | | | | |
| Requestor Signature: | | | | | Date / Time: | | | | |
| David Zane | | | | 7/17/2012 08:26:41 | | | | | |