

	OFFICE OF STATE FIRE MARSHAL <i>URBAN SEARCH & RESCUE</i> STANDARD OPERATING GUIDELINES	Number: TF-03 Adoption Date: Review/Revision Date:
OSFM Approved: <u>Signature on File at OSFM Date 11/18/2010</u> Randy Simpson, State Fire Marshal		<u>Signature on File at OSFM Date 11/18/2010</u> Mariana Ruiz-Temple, Emergency Response Mgr
SUBJECT: Equipment and Consumable Purchases Guidelines OBJECTIVE: To Provide Guidelines for Requesting Approval for and Equipment Services & Supplies.		

I. SCOPE

This guideline applies to all urban search and rescue participating agencies who wish to host state approved US&R training. Participating agencies and affiliated members are not eligible for compensation of supply and equipment purchases without prior approval of the Program Manager. Under no circumstance is OSFM responsible for compensation if there is no prior approval or insufficient funds available.

II. REQUESTS FOR APPROVAL

All requests for Equipment, Services and Supplies must include:

- 1) A request for Equipment, Supplies and Services form (Attachment 1)
- 2) Provide a list of possible vendors
- 3) Vendor quote or research

Requests must be signed by the Team Administrator and/or Cache Manager. Requests for Equipment, Supplies and Services must be received by the OSFM no later than 14 days prior to first day of training. (30 days is preferred).

All purchases of supplies and equipment related to activation must be processed by OSFM.

Repair, rental, and maintenance costs for equipment needed for training, exercises or activation must be processed through OSFM.

Attachment 1

OFFICE OF STATE FIRE MARSHAL
EMERGENCY RESPONSE UNIT
Request for Equipment, Supplies and Services

Return to: PROGRAM COORDINATOR
Fax (503) 373-1825

Hazmat Teams
Jamie Kometz

Incident Management Team
Alan McMahan

Urban Search & Rescue
Tina Toney

Please Note: **PREAUTHORIZATION** by OSFM's Resource Coordinator or Program Manager is required for all purchases of equipment, supplies and services.

Team Contact Person _____ Team _____
Shipping Address _____ Phone _____
City _____ State _____ Zip _____ FAX _____

ITEM DESCRIPTION	ITEM #	MODEL #	Qty	Cost	Total
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Please provide the following information:

1) Vendor _____ Phone _____
Address _____
Comments/
Sales Rep. _____

2) Vendor _____ Phone _____
Address _____
Comments/
Sales Rep. _____

3) Vendor _____ Phone _____
Address _____
Comments/
Sales Rep. _____

Items to be ordered by Team Items to be ordered by Resource Coordinator
Additional Comments/Instructions: _____

Team Administrator's Signature _____ Date _____