



PPRR DM GUIDELINE – SUPPORT TOOL BOX

Last Updated: 1 May 2018

| Retail Outlet or Isolated Community is to complete form and forward to the Local Government Representative | | | |
|--|---|--|----------------|
| TO: (Local Govt to enter details) Fax: Ph: Email: | | FROM: Telephone: Facsimile: | |
| Date | Time | Request Number (To be numbered consecutively) | |
| FOOD AND BASIC GOODS RESUPPLY REQUEST DETAILS | | | |
| Location: | | | |
| Has the wholesaler been contacted and advised of the situation? | | | |
| TOTAL WEIGHT OF SUPPLIES REQUESTED: | | | Kilograms |
| CERTIFICATION | | | |
| I hereby certify that a resupply operation is necessary to maintain the physical and/or psychological welfare of the community and/or properties. | | | |
| Signature: | | Name: | |
| Position: | | Organisation: | |
| LIST WHOLESALE OUTLETS (IF MORE THAN ONE) AND ORDER REQUIREMENTS FOR AIR CARRIAGE, LOADS TO BE IN KILOGRAMS (Kg) FOR SEA CARRIAGE, LOADS TO BE IN CUBIC METRES (m3) | | | |
| NAME OF BUSINESS | FRUIT AND VEGETABLES | DRY GOODS | FROZEN/CHILLED |
| | Kg/m3 | Kg/m3 | Kg/m3 |
| | Kg/m3 | Kg/m3 | Kg/m3 |
| | Kg/m3 | Kg/m3 | Kg/m3 |
| | Kg/m3 | Kg/m3 | Kg/m3 |
| Note: Frozen / chilled food only to be carried if absolutely 'essential', if approved by the Disaster Coordination Centre organising the resupply transport, and if properly packed by the Wholesaler to ensure preservation for entire journey until retailer / community take delivery. Weight of frozen / chilled food to include weight of ice and packaging. | | | |
| LOCAL GOVERNMENT USE ONLY | | | |
| Is the local government able to resupply the isolated community utilising available resources? | | | YES / NO |
| Action taken: | Local government complete resupply/request State resupply | | |
| Approval Number | | Order Number | |
| ABOVE ACTION CERTIFIED BY: | | | |
| POSITION: | | Local Disaster Coordinator | |





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| <p>If local government requires assistance to resupply the isolated community, it must complete this section of the form and forward to the district.</p> <p>District representative to review and forward to SDCC Watch Desk for the action of Assistant Commissioner QFES.</p> | | | |
| Last date normal supplies received: | | | |
| Period of isolation (current and expected): | | | |
| Reason for isolation (e.g. all roads cut, bridge out): | | | |
| Have ALL local food supply outlets and hospitals been contacted: | | | |
| Are mail services to area being maintained: | | | |
| If No (detail): | | | |
| TOTAL WEIGHT OF SUPPLIES REQUESTED: | | | kilograms |
| If approved, date supplies required: | | | |
| CERTIFICATION | | | |
| I hereby certify that a State resupply operation is necessary to maintain the physical and/or psychological welfare of the community and/or properties. | | | |
| Name: | | Signature: | |
| Position: | | Organisation: | |
| DISTRICT/QFES LIAISON USE ONLY | | | |
| Action taken: | | | |
| A) Request to Assistant Commissioner – QFES: | | | |
| B) Quotes for air/road transport: | | | |
| Details of Quotes: | | | |
| Quote 1: | | | |
| Quote 2: | | | |
| Quote 3: | | | |
| C) Reply to Local Authority: | | | |
| D) Approval Number: | | Order Number: | |
| ABOVE ACTION CERTIFIED BY: | | | |
| Position: | | District Disaster Coordinator | Signature: |

