

## Provider PPE Request Form

**NOTE: Use this form to request immediate and urgent PPE needs**

Provider Name: \_\_\_\_\_

PPE Point of Contact Name, 24-hour phone or email: \_\_\_\_\_

Location seeking supplies: \_\_\_\_\_

Is there respiratory care occurring in the home (i.e. suctioning, aerosolized medication treatment)? \_\_\_\_\_

Do you have anyone living at the home with COVID 19 or awaiting testing results for COVID 19? \_\_\_\_\_

# of Staff per shift: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

### **Request:**

Type	# On Hand	# Seeking
N-95 respirators		
Expired Kimberly Clark N-95 for surgical mask usage		
Surgical mask without eye shield		
Surgical Mask with eye shield		
Gowns		
Gloves		
Bleach		
Disinfecting wipes		

If seeking other items indicate below:

Type	# On Hand	# Seeking

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Signature: \_\_\_\_\_

Date \_\_\_\_\_