

PPE Request Form



PLEASE ATTACH THIS FORM TO OPSCENTER REQUEST

Form is intended to be used by Tribal & County Emergency Managers, & State Agencies.

Date of Request Submitted:	Requesting Entity:
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Requesting Entity Information

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Item Requested – One PPE type per request please	Quantity of Request
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Requesting Entity’s Explanation and Justification of Request

Please provide concise explanations/responses

What is your entity’s current supply/inventory of requested item?	
How do you intend to use the requested PPE items?	
When do you intend to use the requested PPE?	
How many days will your current supply of PPE last?	
What methods have you explored to source your PPE supply, before making this request?	
What type of facility does your entity operate? (Eg. Agency Office, clinic, public service office)	
Is request specifically for serving COVID-19 vulnerable or disparate populations?	
If you are unable to receive all or part of this request what are your contingency plans?	

Requesting Entity Acknowledgment

By signing this form, you acknowledge that your entity has implemented PPE optimization strategies to preserve PPE supply, and you can validate information provided in this request.

Title of Requestor	Landline	Cell Phone	Signature

Notes or Other Details: