

PPE Request Form

Tribal, county emergency manager & state agencies

PLEASE ATTACH THIS FORM TO OPSCENTER REQUEST

Date of request submitted:		Requesting entity:	
Requesting entity information			
Item requested – One PPE type per request please		Quantity of request	
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	Office phone	Cell phone	Signature

Notes or other details: