|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date and time submitted to HMCC: | | | HMCC 213B- PPE Request Form | | | | Page 1 of 1 Version 4.26.2021 |
| I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers | | | | | | | |
| 1. Requestor’s Name (Please Print) | | 2. Title | | | | 3. Requestor’s Phone No. 24-7 | |
| 4. Requestor’s Organization | | | | 5. Requestor’s E-Mail Address | | | |
| 6. Delivery Location or pick up? (Delivery is not guaranteed) | | | | | | | |
| II. REQUEST SPECIFICS - Please Type all Answers | | | | | | | |
| 7. Order (Please complete all fields) | | | | | | | |
| Item | Qty. (not boxes or cases, list qty per item) | | Size | | Date needed, pending availability | | |
| N95 Masks |  | |  | |  | | |
| Gowns |  | |  | |  | | |
| Face Shields |  | |  | |  | | |
| Surgical Masks |  | |  | |  | | |
| Gloves |  | |  | |  | | |
| Goggles |  | |  | |  | | |
| Tyvek Suits |  | |  | |  | | |
| 8.Have you confirm that local stock, existing vendor resources, and local mutual aid agreements are unable to fill request? | | | | | | | |
| 9. If a facility is part of a system, that facility will look system-wide first to fill a resource need? | | | | | | | |
| 10.FOR HMCC DUTY OFFICER ONLY: Has requesting party submitted signed Subscription Form? Yes [ ] No [ ] | | | | | | | |