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| 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 [ ]  |