

Date and time submitted to HMCC:		Region 3 HMCC and NEEMS PPE & Medical Supply Resource Request Form		Page 1 of 1 Version 10.12.2021	
I. REQUESTING MUNICIPALITY/FACILITY POINT OF CONTACT - Please Type All Answers					
1. Requestor's Name		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 (Requests should reflect a 120 hour burn rate. Burn rate- is calculated by the number of individuals needing the resource x one individual's daily use of the resource x 5).					
7. Order (Please complete all fields)					
Item	Quantity (Per unit - not boxes, cases, pairs, etc.)	Size (If applicable)	Date Needed (Pending availability)		
N95 Masks					
Gowns					
Face Shields					
Surgical Masks					
Gloves					
Goggles					

Tyvek Suits			
8. Have you confirmed that local stock, existing vendor resources, and local mutual aid agreements are unable to fill request? Yes [] No []			
9. If your facility is part of a system, have you looked system-wide first to fill this resource need? Yes [] No []			
<p>The Following questions will be used by the Duty Officer to calculate a 120 hour burn rate. This burn rate can be calculated by the number of individuals needing the resource x one individual's daily use of the resource x 3).</p>			
10. How many individuals are you requesting PPE for?			
11. For each item being requested, how many are used per day per individual?			
12. As of the request date, what is your current supply of each of the items being requested? Please provide quantity in individual units.			

FOR HMCC DUTY OFFICER ONLY: Has requesting party submitted signed Subscription Form? Yes [] No []