



PPE REQUEST FORM

Date: _____ Staff Name & ID: _____

Address: _____

Apt#: _____ City: _____ State: _____ Zip Code: _____

Discipline/ Job Title: _____ Program: _____

PPE ITEM	QTY	PPE ITEM	QTY	PPE ITEM	QTY
3 PLY MASKS (20 EA)		*KN95 (1 EA)			
APRONS (10 EA)		*NIOSH N95 MASK (1 EA)			
*COVID STANDARD KIT		SUPPLY FORM & ENVELOPE (1 EA)			
*FDA N95 (1 EA)		UTILITY GLOVES -MEDIUM (1 EA)			
*FACE SHEILD		UTILITY GLOVES -LARGE (1 EA)			
*GOGGLES		UTILITY GLOVES- XLARGE (1 EA)			
GLOVES - SMALL BOX					
GLOVES - MEDIUM BOX					
GLOVES - LARGE BOX					
GLOVES- XLARGE BOX					
*ISOLATION GOWNS (1-3 EA)					

OFFICIAL USE ONLY:

PPE DISTRIBUTOR NAME/ REGION: _____

COMMENTS: _____

***MUST HAVE EMAIL FROM MANAGER FOR APPROVAL**