

Individual Agency PPE Request Form

County: _____ Date of Request: _____

Requesting Agency: _____

Requestor Name: _____ Title: _____

Phone: _____ Email: _____

Item	Requested		Comments
N95 Respirators			
Surgical Masks			
PAPRs			
PAPR Filters			
Eye Pro			
Face Shield			
Gowns-isolation (each)	S	L	
	M	XL	
	XXL	XXXL	
Nitrile Gloves (box)	S	L	
	M	XL	
	XXL	XXXL	
Tyvek/Coveralls (each)	S	L	
	M	XL	
	XXL	XXXL	
Hand Sanitizer (by gallon)			