

I. REQUESTING AGENCY POINT OF CONTACT - Please Type all Answers

1. Requestor's Name (Please Print)	2. Title	3. Requestor's Phone No.
4. Facility Name		5. Requestor's E-Mail Address
6. Regional Healthcare Coalition Name		7. <u>24/7</u> Contact Name and Phone number

II. REQUEST SPECIFICS - Please Type all Answers

7. Order (Please complete all fields)

Qty.	Kind	Brand	When will you run out of your current supply? (estimated)	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Date Needed, pending availability

8. Which vendor(s) have you contacted to purchase PPE? (Please list a minimum of two, INCLUDING Name and phone number)

<p>9. <input type="checkbox"/> The resource CANNOT be fulfilled by vendor</p> <ul style="list-style-type: none"> Order canceled by vendors Product or suitable alternatives not available from vendors Product on backorder from vendors (if so, estimated date available below) Other 	<p>10. Based on #9, what measures have been taken to establish a long term solution to PPE needs with your vendors</p>
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III. Additional COVID-19 Related Questions – ALL QUESTIONS ARE REQUIRED AND MUST BE FILLED OUT TO THE BEST OF YOUR ABILITY

11. As of the request date, what is your current supply of each of the items, in individual units, you requested?

12. For each item you requested, how many do you use each day when caring for residents? (Burn Rate)

13. Current number of COVID-19 Positive/Pending Residents within your facility?

14. What PPE conservation measures have you put into place within your facility? (Be as specific as possible)

Do you have a plan for treating residents with respiratory illness? **Yes** **No**

Are you currently following CDC PPE Conservation Guidelines? **Yes** **No**

Are you registered to utilize the Battelle CCDS Decon System to decontaminate your N-95's? **Yes** **No**

15. Are the items requested being used for COVID-19 care only? (If No, please explain)