



Personal Protective Equipment (PPE) Request Form

Date: _____ Department: _____

PPE items being requested (Unit): Quantity

- | | |
|---|--|
| <input type="checkbox"/> 3-Ply Disposable Face Masks (Box of 50): _____ | <input type="checkbox"/> Face Shield (each): _____ |
| <input type="checkbox"/> Hand Sanitizer (16.9oz Bottle): _____ | <input type="checkbox"/> N95 Masks (each): _____ |
| <input type="checkbox"/> Gloves (Box): | <input type="checkbox"/> KN95 Masks (each): _____ |
| <input type="checkbox"/> Small: _____ <input type="checkbox"/> Medium: _____ | |
| <input type="checkbox"/> Large: _____ <input type="checkbox"/> X-Large: _____ | |
| <input type="checkbox"/> Cloth Reusable Face Masks (each): _____ | |
| <input type="checkbox"/> Other: _____ | |

Department/Delivery location:

Site: _____ Building: _____ Room: _____

Contact: _____ Phone: _____ Email: _____

Approvals:

Manager Approval: _____ Date: _____

VP, Admin. Services Approval: _____ Date: _____

Confirmation of Receipt:

Received by: _____ Date: _____