

Androscoggin County EMA ICS 213 RR-PPE

Requestor	Requestor Name/Organization:		Requestor Phone/Email:	
	Order Details		Request Process Criteria	
	Qty	Detailed Item Description	Does the requesting agency/facility have an active Respiratory Protection Program (RPP) in place?	YES NO
		N95 Masks (XS)		
		N95 Masks (S)		
		N95 Masks (Universal)		
		Surgical Protective Masks (Universal)		
		Face Shields (One Size)		
		Disposable Protective Suits (M)	Has Fit Testing been conducted at this agency/facility within the 12 months prior to the date of this request?	YES NO
		Disposable Protective Suits (L)		
		Disposable Protective Suits (XL)		
		Disposable Protective Suits (2XL)		
		Disposable Protective Suits (3XL)		
		Disposable Protective Suits (4XL)		
		Nitrile Gloves (S)	Has the requesting agency/facility exhausted on-hand resources?	YES NO
		Nitrile Gloves (M)		
		Nitrile Gloves (L)		
		Nitrile Gloves (XL)		
		Disposable Shoe Covers (One Size) *Not available		
		Gowns (One Size)		
	Sanitation Wipes *Not available			
	Hand Sanitizer *Not available			
	Disinfectants *Not available			
Delivery Location/Address:				
Coordinating Instructions:				
Primary POC Name:			Email:	
Primary POC Phone			Alternate Phone	
Secondary POC Name:			Email:	
Secondary POC Phone			Alternate Phone	
Submitted By (Name):				
Date:			Time:	
FOR INTERNAL USE ONLY:				
Logistics or Command	Incident/Facility Name: COVID-19 Response			
	Date:		Time:	
	Resource Req #:			
	EOC POC Name/Phone/Email:			
	Approver Name:		Date:	
	Time:			
Request Accepted:		Request Rejected:		
Date:		Time:		
Reason/Justification:				