** COVID-19 PPE Request Form (2022)**

Pick up date:     First and Last Name (print)

Department (print) Phone#

**\* Funding provided is for internal use only, departments will not be charged for PPE items.**

Fund Agency Org         Object Code

 **Order only what you estimate you will need for 1 to 3 months. First responders will take precedence over other requests.**

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| **CITY OF DALLAS PPE**  |
| **DESCRIPTION** | **Quantity needing** | **Quantity received** | **Notes** |
| Surgical Masks (disposable/ 1 each) |   |       |         |
| KN95 Masks (1 each) |   |       |        |
| N95 Masks (first responders only) (1 each) |   |       |        |
| Cloth Masks (1 each) |   |       |        |
| Glove, Nitrile, Blue, 4mil PF, SM Box (100 box) |   |       |        |
| Gloves, Nitrile, Blue, 4mil PF, XL Box (100 box) |   |       |        |
| Gloves, Nitrile, Blue, 4mil PF, 2XL Box (100 box) |   |       |        |
| Gloves, Nitrile, Blue, 8mil PF, small Box (100 box) |   |       |        |
| Gloves, Nitrile, Blue, 8mil PF, XL Box (100 box) |   |       |        |
| Gloves, Nitrile, Black, 9.5mil PF, MD Box (100 box) |   |       |        |
| Gloves, Nitrile, Black, 9.5mil PF, LG Box (100 box) |   |       |        |
| Gloves, latex, Blue, 5mil PF, LG Box (100 box) |   |       |        |
| Gloves, latex, Blue, 5mil PF, XL Box (100 box) |   |       |        |
| Gloves, latex, Blue, 5mil PF, 2XL Box (100 box) |   |       |        |
| Disinfection Wipes (50 wipes per each package) |   |       |        |
| Disinfection Wipes for surfaces (160 wiper per bottle) |   |       |        |
| Thermometer, Non-Contact (each) |   |       |        |
| Goggles (each) |   |       |        |
| 2 oz Sanitizer (each)  |   |       |        |
| 8 oz Sanitizer (each) |   |       |        |
| 24 oz Sanitizer (each) |   |       |        |
| Sanitizer dispenser (each)  |   |       |        |
| Gowns – surgical (each) |   |       |        |
| Boot cover (each) |   |       |        |
| Surface cleaner spray (each) |       |       |        |
| Lysol spray (each) |       |       |        |

\*\*Once this COVID-19 PPE Supplies Request Form is completed, **please e-mail it to** **ebc@dallascityhall.com** Supplies may be picked up by appointment only, the EBC staff will let you know once your supplies are ready to be picked up. For questions e-mail: ebc@dallascityhall.com

Request Picked up by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_