

213RR COVID-19 – PPE Request Details

PPE / Testing Supplies Requests			
Entity Name			
Entity Type	<input type="checkbox"/> ALF <input type="checkbox"/> EMS <input type="checkbox"/> SNF <input type="checkbox"/> Hospital <input type="checkbox"/> Laboratory <input type="checkbox"/> First Responder <input type="checkbox"/> Mortuary <input type="checkbox"/> Home Health <input type="checkbox"/> City/Jurisdiction <input type="checkbox"/> Private Provider/Dentist <input type="checkbox"/> School <input type="checkbox"/> County of Santa Clara Department <input type="checkbox"/> Other: _____		
By requesting PPE from the Emergency Operations Center of the County of Santa Clara, I certify that:			
1. The PPE requested will be used for a medical need/procedure that if not performed could result in serious injury or death.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. I have completed the required PPE Survey (daily for hospitals, weekly for SNFs, one time for all others if quantity thresholds are met).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. I have tried extensively through all known vendor options and have exhausted all possible PPE procurement options prior to making this request.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4. I understand that I may be billed, and I agree to pay the County's costs for this PPE request in the future.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. PPE will be used for the provision of clinical services in Santa Clara County	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Additional Comments:			
High-Priority PPE Items			
Category	Item Type	Size	Quantity Requested
Eye Protection	Goggles	ONE SIZE	ea
Eye Protection	Face Shield	ONE SIZE	ea
Gloves	Gloves Nitrile	XS	ea
Gloves	Gloves Nitrile	S	ea
Gloves	Gloves Nitrile	M	ea
Gloves	Gloves Nitrile	L	ea
Gloves	Gloves Nitrile	XL	ea
Gown	Disposable Gowns	L	ea
Gown	Disposable Gowns	XL	ea
Gown	Disposable Gowns	2XL	ea
Gown	Washable Gowns	ONE SIZE	ea
Mask N95	3M N95 1860 (regular)	ONE SIZE	ea
Mask N95	3M N95 1860S (small)	ONE SIZE	ea
Mask N95	3M N95 1870	ONE SIZE	ea
Mask N95	Cardinal Health N95-ML	ONE SIZE	ea
Mask N95	NIOSH N95 Mask (non-vented)	ONE SIZE	ea
Mask N95	NIOSH N95 Mask (vented)	ONE SIZE	ea
Mask Non-N95	Ear-loop Face Mask - Surgical/Procedure	ONE SIZE	ea
Testing Supplies	Nasopharyngyl Swab	ONE SIZE	ea
Testing Supplies	Nasal Swab	ONE SIZE	ea
Testing Supplies	Viral Transport Medium	ONE SIZE	ea
Non-Priority PPE Items			
Category	Item Type	Size	Quantity Requested
Coverall	Coveralls	L	ea
Coverall	Coveralls	XL	ea
Coverall	Coveralls	2XL	ea
Coverall	Coveralls	3XL	ea
Hair Covers	Hair Covers	ONE SIZE	ea
Mask Non-N95	Ear-loop Face Mask - Non -Surgical / Procedure	ONE SIZE	ea
Mask Non-N95	Dust Face Mask	ONE SIZE	ea
Mask Non-N95	P3V Face Mask	ONE SIZE	ea
Sanitizer	Hand Sanitizer	1 GAL	ea
Sanitizer	Hand Sanitizer	12 OZ	ea
Sanitizer	Hand Sanitizer	4 OZ	ea
Sanitizer	Disinfectant Wipes	ONE SIZE	ea
Shoe Covers	Shoe Covers	ONE SIZE	ea

Disaster Service Activity	
EOC Tracking #	
Report to	
Contact Number	
Location to report	
Date(s) to report	
Schedule	
Duration	
Duties	
Items to bring with you	
Types of PPE provided	
Amenities (ie break room, lunch provided, etc)	

If you have any questions regarding this request, please email the EOC personnel unit at personnel@eoc.sccgov.org.

Thank you in advance for your help,
EOC Personnel Unit



County of Santa Clara
Emergency Operations Center (EOC)
Resource Request Form 213RR

COMPLETED BY OA EOC or DUTY OFFICER

OA EOC Logistics Section	18. Order Placed By <i>(name, position, agency, phone, radio, email)</i>	
	19. Method of Procurement <i>(filled-in house, agreement, purchase, etc.)</i>	
	20. Supplier Name / Point-of-Contact Information <i>(name, address, phone, fax, email)</i>	
	21. Logistics Section Remarks	
	22. Logistics Section Chief Approval <i>(print and sign)</i>	
OA EOC Fin/Admin Section	23. Finance/Admin Section Chief Remarks and Approval <i>(print and sign)</i>	Date/Time
	24. EOC Director/County Executive Remarks and Approval <i>(print and sign)</i>	Date/Time
OA EOC Management Section	25. Logistics Section Final/Demobilization Remarks	Date/Time
OA EOC Logistics Section		