

Request for PPE Assistance

Justification of Need: Emergency PPE Supplies – Pending Vendor Delivery

Date Needed: Click or tap to enter a date.

Facility Information

Facility Name: _____

Requestors Name: _____

Address: _____ City, Zip: _____

Telephone Number: _____ Email Address: _____

Number of Residents: _____ Number of Staff: _____

VDSS Point of Contact Information

Name: _____ Telephone Number: _____

Email Address: _____

Items Needed

| | | | | |
|---------------|---|--|--|---|
| Gowns | <input type="checkbox"/> Large Quantity _____ | <input type="checkbox"/> X-Large Quantity _____ | <input type="checkbox"/> XX-Large Quantity _____ | <input type="checkbox"/> XXX-Large Quantity _____ |
| | <input type="checkbox"/> Face Shields Quantity _____ | <input type="checkbox"/> Boot Covers Quantity _____ | <input type="checkbox"/> Hair Covers Quantity _____ | <input type="checkbox"/> Sanitizer (5 gal. jug) Quantity _____ |
| Masks | <input type="checkbox"/> Surgical Quantity _____ | <input type="checkbox"/> Cloth Quantity _____ | | |
| N-95 | <input type="checkbox"/> S Quantity _____ | <input type="checkbox"/> M Quantity _____ | <input type="checkbox"/> Universal Fit Quantity _____ | |
| Gloves | Vinyl | <input type="checkbox"/> M Quantity _____ | <input type="checkbox"/> L Quantity _____ | |
| | Latex | <input type="checkbox"/> M Quantity _____ | <input type="checkbox"/> L Quantity _____ | |

**Quantity = specific number of items (1000 surgical masks, 50 Small N95, 3000 gloves).

**Please do not list boxes or cases as a quantity.

Please email completed form to kate.archie@dss.virginia and kathy.petersen@dss.virginia.gov