

# Request form: PPE Supplies

**Date:** \_\_\_\_\_

**Requester Name:** \_\_\_\_\_

**Cost Center #:** \_\_\_\_\_ **Requesting Dept:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suite:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Supplies Request:**

- Earloop Masks (50ea/box) \_\_\_\_\_
- Pediatric Earloop Masks (75ea/box) \_\_\_\_\_
- Hand Sanitizer (pump bottle) \_\_\_\_\_
- Isolation Gown (10ea/pack 100ea/case) \_\_\_\_\_
- Small Nitrile Gloves (50pairs/box) \_\_\_\_\_
- Medium Nitrile Gloves (50pairs/box) \_\_\_\_\_
- Large Nitrile Gloves (50pairs/box) \_\_\_\_\_
- XL Nitrile Gloves (50pairs/box) \_\_\_\_\_
- Faceshield (each) \_\_\_\_\_
- Infrared Thermometer (each) \_\_\_\_\_
- Caviwipes/Saniwipes (canister) \_\_\_\_\_
- Clorox Bleach Wipes (canister) \_\_\_\_\_
- Alcohol Prep Pads (box) \_\_\_\_\_
- Hand Soap (bottle) \_\_\_\_\_
- Goggles \_\_\_\_\_

**Additional items needed/Comments:**

=====

For Inventory Team use only:

Date Prepared: \_\_\_\_\_ Preparer: \_\_\_\_\_ Quality Check: \_\_\_\_\_

**\*\*\*RETURN ELECTRONICALLY TO: [PPE\\_PURCHASING@TRIHEALTH.COM](mailto:PPE_PURCHASING@TRIHEALTH.COM)**