

RCRC Provider PPE Request Sheet
Submit form to: ppe@redwoodcoastrc.org

Agency Name: _____ Date of Request: _____

Contact Person: _____ Phone Number: _____

County:

Number of Staff Providing Direct Services:

Number of Clients:

Number of Medically Fragile Clients:

Do you have any PPE currently on hand? How much and what type (approximations)?

What Items are you requesting?

- Disposable Masks
- Hand Sanitizer
- Face Shields
- Gloves (S)
- Gloves (M)
- Gloves (L)
- N-95s (Reserved for COVID-19 cases, active fire areas, and medically fragile)

Thank you!

SECTION FOR RCRC TO COMPLETE

PPE Allocated to provider:

_____ Disposable Masks	_____ Gloves (s)
_____ Hand Sanitizer	_____ Gloves (M)
_____ Face Shields	_____ Gloves (L)
_____ N95	

Notes:

Completed By RCRC Staff: