



Personal Protective Equipment (PPE) Request Form - COVID19

Requesting Agency Point of Contact Info

Date of Request: [Click or tap to enter a date.](#)

Organization in Charles County: Yes No

Name	Phone No.	Email
Organization Name		Organization Address
Organization Type	No. Employees/Staff	Average No. Served

Item	Available Supply	Requested No.	Warehouse No.
Hand Sanitizer			
Hand Sanitizer Dispenser Stand			
N95/KN95			
Surgical Mask			
Face Shield			
Gloves (100 per box)			
Disinfectant Wipes			
Disinfectant Spray			
Gowns			
Hair Covers			
Shoe Covers			
Thermometers			
Pulse Ox			
Blood Pressure Cuffs			
Stethoscope			
Air Freshener			
Toilet Seat Cover			