



# MDPH Request for Surplus Supplies COVID-19

Request Information			
Requestor's Name and Title:		Requestor's Email:	24/7 Phone Number:
Entity (Department, Agency, Company, etc.):			
Delivery Address:			
Delivery Notes/Instructions:			
Equipment Requested			
Item	Quantity	Item	Quantity
KN95		Isolation Gown	
N95 (Medical)		Surface Disinfecting Wipe (Canister of 125, enter # of canisters)	
Surgical Mask		Alcohol Hand Sanitizer (8 oz. Bottle)	
Face Shield		Alcohol Hand Sanitizer (16 oz. Bottle)	
Shoe Cover (Enter individually, not pairs)		Non-Alcohol Hand Sanitizer (16 oz. Bottle)	
Head Covering (Bouffant Cap)		Apron	
Heavy-Duty Cleaning Gloves (Enter individually, not pairs)		Coverall	
Thermometer (Infrared)		Alcohol Prep Pad (Enter individually)	
Instructions			
<ul style="list-style-type: none"><li>• Submit the completed form to <a href="mailto:Covid19.Resource.Request@mass.gov">Covid19.Resource.Request@mass.gov</a></li><li>• All responses must be typed. <b>Handwritten forms will not be processed.</b></li><li>• Enter quantity of individual items requested (eaches). <b>Unless otherwise noted, do not enter box or case count.</b></li><li>• Submission of this form does not guarantee fulfillment. Supplies are limited and items will be distributed in an equitable manner based on demand.</li></ul>			

# Sample Item Photos

Note: Items received may be different color or brand

**Cleaning Gloves (Heavy Duty)**



**Apron**

