CONTRA COSTA
HEALTH SERVICES

MEDICAL/HEALTH PROVIDER QUESTIONNAIRE

Provider Name: | **Contact email/phone:**

1. Current Number of N-95 Particulate Respirators on hand? Note brand/model
2. How many N-95 masks of each type is your organization using per day (burn rate)?
3. Current Number of Surgical Masks on hand? Note brand/model
4. How many surgical masks is your organization using per day (burn rate)?
5. Current number of gowns, goggles and/or face shields in your inventory?
6. Expected date your unexpired PPE inventory will be depleted?
7. Has your organization placed an order for PPE? Please provide expected delivery date.
8. Is your organization asking for N-95s (expired) in-lieu of surgical masks?
9. Is your organization willing to accept expired PPE if no other PPE is available? Please indicate this on the Resource Request

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MEDICAL/HEALTH PROVIDER RESOURCE REQUEST FORM

Requests for assistance will be considered in light of available resources and ability to move resources into the impacted area. It may not be possible for CCHS to provide resources as requested.

Name of Service Provider: Task Team 7			**Date and time:**	**Person making request:** Adrienne Sofranko			**Best Contact number:**	
Item #	**Priority (High, Med, Low)**	**When needed:**	**To be delivered where and to whom**	**Resource requested:**	**Quantity needed (each):**	**Estimated duration of use:**	**Estimated Cost, if known**	**Comment**
1			:/Adrienne S	M gloves	20 boxes			Deliver
2	M			M gloves				on
3								T, Th
4								
5								
6								
7								
8								
9								
10								

This request is made in support of the current emergency situation. ***The Provider has attempted to fill this request through all available means***. The requesting Provider/organization recognizes that it may be fully responsible for the costs associated with this request.

Signature of Authorized agent of the requesting Provider

- Please submit to:
  - E-Mail: DOC.Logistics@cchealth.org
    staff are working remotely and unable to receive faxes at this time

Priority Key: High: Needed within 24-hours
Medium: Needed within 48-hours
Low: Needed for sustainment only