



MEDICAL/HEALTH EMS PROVIDER QUESTIONNAIRE

EMS 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



**CONTRA COSTA
HEALTH SERVICES**

MEDICAL/HEALTH EMS SERVICE 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 EMS Service Provider:		Date and time:		Person making request:		Contact number:			
Item #	Priority (High, Med, Low)	When needed:	To be delivered where and to whom	Resource requested:	Measure of unit (each, dozen, box etc)	Quantity needed:	Estimated duration of use:	Estimated Cost, if known	Comment
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
<p>This request is made in support of the current emergency situation. The EMS Service Provider has attempted to fill this request through all available means. The requesting EMS Provider/organization recognizes that it may be fully responsible for the costs associated with this request.</p> <ul style="list-style-type: none"> Please submit to: <ul style="list-style-type: none"> E-Mail: DOC.Logistics@cchealth.org <i>staff are working remotely and unable to receive faxes at this time</i> 									
Signature of Authorized agent of the requesting EMS Service Provider								Priority Key: High: Needed within 24-hours Medium: Needed within 48-hours Low: Needed for sustainment only	