



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

PPE Needs Form

COVID-19 Response Activities Only

Facility/Agency: _____

Primary Contact: _____

Shipping Address: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Approximate number of Staff using PPE: _____

Are you following CDC Guidance for PPE? YES NO

Items Requested:

Item	Size	Quantity (by piece)
Nitrile Gloves (S, M, L, XL)		
N95 Respirator Masks (S, M/L, L)		
Surgical Masks	One size	
Goggles/Eye protection	One size	
Surgical Gowns (S, M, L, XL, 2XL)		
Face Shield	One Size	
Thermometer	N/A	
Hand sanitizer	1 gallon or 500ML	
Disinfectant wipes	Case/10 package	

Have you contacted multiple vendors who were unable to fill/ partial fill/ cancel/ deny order supplies and equipment? YES NO

Anticipated date of Critical Need? _____

Email to your local health department's Emergency Response Coordinator.

For a listing of Local Health Departments please visit <http://dhhs.ne.gov/CHPM%20Documents/LHDs-ERCs-Contacts.pdf>