Available PPE Inventory Form

Name		Department			
Phone Number		e-mail			
List the name and en	nail of who provided the approval				

¹Please list the approximate quantity of each item in this column.

² Please list the building and room number where these items are physically located.

³ Please indicate the method that these items were acquired (from inventory, new purchase).

⁴ Account number for original purchase of items. Needed for potential reimbursement/transfer to a COVID-19 holding account.

⁵ If items have been removed from campus, please identify recipient organization in Additional Information.

Item	Quantity ¹ Item Location ²		Method ³	Funding Source ⁴			
		Building	Room			С Р	
N-95 Respirator						heck	
Face Shields						k þó	
Gowns						boxes	
Disposable Gloves						s for	
Shoe Covers						r In	
Goggles						Interna	
Tyvek or Paper Suits						a	
Safety Glasses						Use	
Surgical Procedure Mask						Only	
Other (please specify below)						۲۲ VI	

Additional Information ⁵			

Form Guidance: If submit button is not working, download this form and open in Adobe Reader or Adobe Acrobat. Form may also be printed and filled out by hand and returned via e-mail to Phyllis Hill at plhill@purdue.edu or faxed to 765-494-7403. For further support please call 765-494-6371.