

Available PPE Inventory Form

Name		Department	
Phone Number		e-mail	
DEPARTMENT HEAD APPROVAL RECEIVED <input type="checkbox"/>			
List the name and email of who provided the approval			

¹ Please 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	Check boxes for Internal Use Only	
		Building	Room				
N-95 Respirator							<input type="checkbox"/>
Face Shields							<input type="checkbox"/>
Gowns							<input type="checkbox"/>
Disposable Gloves							<input type="checkbox"/>
Shoe Covers							<input type="checkbox"/>
Goggles							<input type="checkbox"/>
Tyvek or Paper Suits							<input type="checkbox"/>
Safety Glasses							<input type="checkbox"/>
Surgical Procedure Mask							<input type="checkbox"/>
Other (please specify below)						<input type="checkbox"/>	
						<input type="checkbox"/>	

Additional Information ⁵