

**Region IV COVID-19 Response –questionnaire for distribution of PPE based on priority of needs:**

**SUBMITTOR:** Please submit answers to the questions below for any entities submitting requests for PPE in your operational area (OA). **MUST** Complete one (1) of these questionnaires for each type of PPE being requested.

**MHOAC:** Please submit one Med-Health Resource Request (RR) form for your OA

([https://www.cdph.ca.gov/Programs/EPO/Pages/Resource\\_Publications.aspx](https://www.cdph.ca.gov/Programs/EPO/Pages/Resource_Publications.aspx)) accompanied by the completed questionnaires.

<b>Date:</b>	<b>Facility/Agency:</b>	<b>County/Requesting OA:</b>	<b>Completed by:</b>
<b>Type of PPE being requested (N95s, procedure masks, isolation gowns, etc):</b>			
<b>Question from MAC Guidance</b>	<b>Directions to Respondent</b>	<b>Answer:</b>	
Will alternate style, or expired PPE (in accordance with Cal-OSHA guidance) be accepted:	Yes/No		
Current stock on-hand	Total # (individual count, not boxes or cases)		
Estimated 2-week burn rate	Total # per 2-weeks		
<b>What use is the PPE needed for:</b>			
Screening of respiratory patients	Yes/No		
Routine Healthcare Isolation Procedures (non-COVID-19)	Yes/No		
Contact with quarantined, high-risk individuals	# of individuals at this time		
Contact with PUIs (patients awaiting test results)	# of individuals at this time		
Contact with COVID-19 positive cases	# of individuals at this time		
Other	Describe use		