

PPE Request Form

Blazer ID \_\_\_\_\_

Is this PPE needed as a result of COVID19 \_\_\_\_\_

Account Number if known or Project Title (Grant number if for regular lab research only – list N/A if COVID related purchase):

\_\_\_\_\_

Number of employees needing PPE \_\_\_\_\_

Purpose of PPE

\_\_\_\_\_

\_\_\_\_\_

UAB Location where PPE will be utilized \_\_\_\_\_

Point of contact/delivery information:

Name \_\_\_\_\_

Email \_\_\_\_\_

Bldg/Room \_\_\_\_\_

Phone \_\_\_\_\_

Item(s) requested:

- Mask
- Gloves
- Hand Sanitizer
- Disinfecting Wipes
- Other \_\_\_\_\_

Quantity and Item(s) requested (preferred brand, item number, etc.):

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Vendor/Catalog info

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Date Needed By \_\_\_\_\_