



# County of Santa Cruz

## HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1080 EMELINE AVE., SANTA CRUZ, CA 95060  
 TELEPHONE: (831) 454-4691 TTY: Call 711

### Surplus Personal Protective Equipment (PPE) and COVID-19 Test Request Application

*Application must accompany Resource Request Form (attached)*

**Please read prior to filling out form:**

- Resource need is immediate and significant or is anticipated to be so.
- Supply of the requested resource has been exhausted, or exhaustion is imminent.
- Resource is not available from the internal corporate supply chain, other commercial vendors, or through existing agreements.
- Request to County should be a last resort.
- Please fill out Resource Request Form entirely.

**The State may require documentation of these requirements before processing your request.**

Facility Name: \_\_\_\_\_ Director/Contact: \_\_\_\_\_

Facility Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Facility:  Yes  No

If **YES**, select all that apply:

- Inpatient (Hospitals)  Urgent Care (FQHC, urgent dental)  Congregate Medical (SNF's, Jail Clinics, Isolation Shelter Staff)  EMS/Fire (AMR, EMSIA, CCA)  Primary Care Clinics (stand-alone medical offices)
- Decedent Care (Funeral homes, Coroner)

If **Yes**, Licensed number of beds: \_\_\_\_\_ Current census: \_\_\_\_\_

Average Number of Unduplicated Staff Working Per Day (#/24 hours) requiring PPE: \_\_\_\_\_

Estimated Unduplicated Staff Per Day Requiring PPE for the next 14 days: \_\_\_\_\_

Personal Protective Equipment (PPE)	Daily (24 hour) Utilization	Number of days stock currently on hand	Total PPE Quantity Requested (14 days maximum)
N95 masks (number in each's)			
Over-the-counter COVID-19 Test OR CLIA Waived Tests			
Other:			

\* Inpatient facilities please use the CDC's: [Burn Rate Calculator](#)



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**REQUIRED: Vendor information** – List a minimum of three (3) commercial vendors and the PPE/ testing supplies that you are awaiting orders from for request to be considered. Form will be returned if this information is not completed at time of submission.

Name of Vendor	Items Ordered	Expected Shipment Date	Receipt or Tracking Number <i>*Required*</i>

The CDC recommends that all U.S. healthcare facilities should begin using PPE contingency strategies now.

Check box if applicable:	CDC PPE Contingency Strategies:
<input type="checkbox"/>	Removed face masks from areas where the public can access them, storing them in areas that are monitored, etc.
<input type="checkbox"/>	Reserving PPE for Health Care Providers (HCP) and replaced PPE normally used for patient source control with other barrier precautions such as tissues.
<input type="checkbox"/>	Allowing HCP to extend use of respirators, facemasks, and eye protection, beyond a single patient contact due to scarcity.
<input type="checkbox"/>	Maximizing engineering controls such as barriers and altering work practices to minimize patient contacts
<input type="checkbox"/>	Reserving respirators for aerosol-generating procedures for care with disease risks such as tuberculosis, measles, and varicella
<input type="checkbox"/>	Reserving respirators for care provided with prolonged face-to-face or close contact with a potentially infectious patient
<input type="checkbox"/>	Cancelling non-urgent and elective procedures/appointments which consume scarce PPE
<input type="checkbox"/>	Using face masks beyond the manufacturer-designed shelf life during patient care
<input type="checkbox"/>	Reducing the number of staff interacting with persons with influenza-like illness
<input type="checkbox"/>	Other measures (please describe):

**The above is true and correct and your organization is taking steps to optimize the extended availability of PPE and testing supplies.**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# County of Santa Cruz- SURPLUS PPE / TESTING RESOURCE REQUEST FORM



TR#/RR# (To be assigned by the original requesting entity):	Mark the box at the right if this request has already been e-mailed and this is a duplicate request being faxed.	<input type="checkbox"/>
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Incident Name:	Date:	Time:
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Facility Name:	Requestor Name & Position/Function:
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E-mail:	Phone#:	Alternate Phone:	Fax:
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Mission: What are you trying to accomplish with these items? Please specify if there is an outbreak.	<b>GL Key (County Staff ONLY):</b>  <b>JL Key (County Staff ONLY):</b>
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<b>4. ORDER — Equipment and Supply Request Details</b>	<b>Logistics Section: Fulfillment</b> <small>NOTE: To be completed by the Level/Entity that fills the request.</small>
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Line item	Priority <sup>1</sup>	Detailed Specific Item Description: <small>Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, conc., etc.) (Equipment/ Supplies: type, name, capabilities, output, capacity)</small>	Total Requested (Each) <small>* Refer to Page 1 of PPE Request Application, Total PPE Requested field</small>	Expected Duration of Use:	Quantity			
					Authorized Amount	Filled Amount	Pallet ID	Transaction ID

Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.)	Receiving Name and Signature DO NOT SIGN HERE UNTIL EQUIPMENT/SUPPLIES ARE PICKED UP FROM THE DISTRIBUTION CENTER			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Print Name</td> <td style="width: 33%; border: none;">Signature</td> <td style="width: 34%; border: none;">Signature Date</td> </tr> </table>	Print Name	Signature	Signature Date
Print Name	Signature	Signature Date		

<sup>1</sup> PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainment

**Instructions:** E-mail resource requests to [hsa.PH.logistics@santacruzcountyca.gov](mailto:hsa.PH.logistics@santacruzcountyca.gov)  
 If you would like to contact someone by phone, please call 831-454-4691

This form is electronically available at: <https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome/ProviderGuidance.aspx>

**Complete and Email! (Only works with Adobe Acrobat). Forward this form via email if button doesn't work.**

Organization ID: