All resource requests should be submitted to the NYC Health and Medical ESF at NYC Emergency Management: supplyrequest@oem.nyc.gov.

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| **Requestor Information** |
| **Agency/Facility Name:** | **Association:** |
| **Requestor Name:**  | **Requestor Title:** |
| **Requestor Phone #:** | **Requestor Email:** |

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| **Resource Requests for Medical Supplies** |
| Manufacturer | Model Numbers or Size | Item Description | Total Units Requested | How many days would requested supply support operations | Alternative Manufacturer and Model Numbers |
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**IF YOU ARE REQUESTING N95 MASKS PLEASE FILL THIS OUT**

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| **N95 Questions** |
| Are employees fit tested on N95’s through an established respiratory protection program? If so, what make and model were they fit tested on?[ ]  Yes, make/model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  No |
| Has the agency/facility made a purchase of the requested N95’s within the last year?[ ]  Yes[ ]  No |
| What is the daily burn rate for the requested N95’s? |
| How much of the requested N95’s does your agency/facility currently have on hand? |
| What type of medical service do you provide? |
| For what purpose are you using the N95’s? |

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| **Additional Resource Request Information (All Supplies)** |
| Have you exhausted all purchasing options at your facility’s disposal? [ ]  Yes[ ]  No |
| Have you exhausted any potential mutual aid agreements or association agreements?[ ]  Yes[ ]  No |
| Please list all vendors you have contacted. |
| If you have an order pending, what is the estimated delivery date?  |

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| **Delivery Information** |
| **Street Information:** | **Borough and Zip Code:** |
| **Delivery POC Name:** | **Delivery POC Phone #:** |
| **Specific Delivery Instructions:** |