

Knox County Emergency Management Resource Request Form: PPE & Testing Supplies



Please follow these directions to avoid sending us a form with no text in it:

1. When you open the PDF file, SAVE AS and save it to your computer. Make sure you give it a new name that includes the name of your organization and the date you are submitting it.
2. Close the PDF and reopen it from the location you saved it in.
3. **Fill out the form completely**, or this may delay your request being filled, or result in your request being denied.
4. Save the PDF and close it.
5. Create an email and then attach the PDF. *Note – if you try to attach the PDF without saving/closing it first, it won't have any data in it once we receive it on this end.
6. Send your email to kxeoc@knoxcountymaine.gov.

COVID-19 PUBLIC HEALTH RESOURCE REQUEST FORM (ICS 213 RR)

Requestor Name & Organization:		Requestor Phone # & Email:	
ORDER <i>(Use additional forms when requesting different resources of supply)</i>		Request Process Criteria – Required for Processing	
Quantity	Detailed Item Description		
Personal Protective Equipment		A. Does the requesting agency/facility have an active Respiratory Protection Program (RPP) in place?	Y / N
(Total of all sizes)	N95 Masks <i>(fill in quantity for each size requested)</i> (XS)_____ (S)_____ (Universal)_____		
	Surgical Protective Masks (Universal)		
	Face Shields (One Size)	B. Has Fit Testing been conducted at this agency/facility with the 12 months prior to the date of this request?	Y / N
(Total of all sizes)	Disposable Protective Suits <i>(fill in quantity for each size requested)</i> (M)_____ (L)_____ (XL)_____ (2XL)_____ (3XL)_____ (4XL)_____		
(Total of all sizes)	Nitrile Gloves <i>(fill in quantity for each size requested)</i> (S)_____ (M)_____ (L)_____ (XL)_____	C. Has the requesting agency/facility exhausted on-hand resources?	Y / N
(Total of all sizes)	Gowns <i>(fill in quantity for each size requested)</i> (L)_____ (XL)_____ (2XL)_____		
Testing Supplies		D. Have you ordered/received an order for test swabs & VTM previously? <i>(If NO, you must answer the 5 questions below.)</i>	Y / N*
	Nasopharyngeal (NP) Swabs		
	Viral Transport Media (VTM)		

Only answer the questions below if you answered **NO on Question D above*

Y / N

Does your facility have a licensed medical provider who can order the COVID-19 test?	
Does your facility have a licensed medical provider who can collect the samples?	
Are the samples being "Self Collected" by the tested individual under supervision of a medical provider or does the provider obtain the sample?	
Does your facility have an agreement with a commercial lab to send samples for analysis.	
Is this test material request in support of a Maine DHHS approved "Swab and Send" COVID-19 testing site?	