**Name**:

**Facility**:

**Facility** **Address**:

**Email**:

**Phone** **Number**:

**Date**:

**Inventory Levels and Request:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | **N95 Masks** | **Surgical Masks** | **Face Shields** | **Goggles** | **Gowns** | **Gloves**  | **Other** |
| **Current Inventory** |   |   |   |   |   |   |   |
| **Daily Burn** **Rate** |  |  |  |  |  |  |  |
| **Requested Amount** |   |   |   |   |   |   |   |

**Send completed request form to** **ESU@dhhs.nh.gov**

**-For Official Use Only Do Not Write Below This Line-**

|  |  |  |
| --- | --- | --- |
| **Email** | **WebEOC Tracking #** | **EICS Tracking #** |
|  |  |  |