**COVID-19 Tuolumne County Supply/Equipment Resource Request Questionnaire**

Please complete one (1) of these questionnaires for each supply/equipment resource being requested, in addition to completing a Situation Report/Resource Request. Submit questionnaires to MHOAC@co.tuolumne.ca.us.

The MHOAC may attach this form to the Resource Request submitted to Region IV as supporting documentation.

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| **Date:** | **Facility/Agency:** | **Completed by:** |
| **Resource being requested (e.g., N-95 model 1860, large isolation gowns, etc.):** | **Quantity being requested:** |
| **What actions have you taken to fill this request (e.g., have ordered the item and are awaiting delivery, etc.)?**  | **Initial here to confirm that you have exhausted all options available to you (e.g., vendors, sister facilities, etc.) before submitting this resource request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is your anticipated delivery date for this item (e.g., from a vendor)?** |
| **Question**  | **Directions to Respondent** | **Answer:** |
| Will alternate style, or expired PPE (in accordance with Cal-OSHA guidance) be accepted? | Yes/No |  |
| Current stock on-hand | Total # (individual count, not boxes or cases) |  |
| Estimated 2-week burn rate | Total # per 2-weeks |  |
| **COMPLETE FOR PPE REQUESTS ONLY - What use is the PPE needed for:** |
| Screening of respiratory patients | Yes/No |  |
| Routine Healthcare Isolation Procedures (non-COVID-19) | Yes/No |  |
| Contact with quarantined, high-risk individuals | # of individuals at this time |  |
| Contact with PUIs (patients awaiting test results) | # of individuals at this time |  |
| Contact with COVID-19 positive cases | # of individuals at this time |  |
| Other | Describe use |  |

**Reminder: If you need immediate assistance, you must make a follow-up phone call to the Medical Health Operational Area Coordinator (MHOAC). Business hours: 209-533-7401. After hours/holidays: 209-533-8055. Explain that you need to make an immediate resource request and ask for the MHOAC.**