



Personal Protective Equipment (PPE) will be requested through Survey 123.

1. Go To: <https://arcg.is/1LiCCP>
2. **Organization or Agency Receiving PPE:** Enter your Facility Name under

### PPE Request Form

**COVID-19 TEMA Personal Protection Equipment (PPE) Survey**

*All equipment received from the TEMA Logistics Operating Unit is intended to be used for the response of COVID-19 or daily authorized usage. The equipment cannot be resold.*

**Organization or Agency Receiving PPE\***

3. **Type of Organization or Agency Receiving PPE:** If you are a Nursing Home, please select Long-term Care Facility. If you are an Assisted Living Facility or Residential Home for the Aged, please select Assisted Living.

### Type of Organization or Agency Receiving PPE\*

|                                                          |                                           |                                       |
|----------------------------------------------------------|-------------------------------------------|---------------------------------------|
| <input checked="" type="radio"/> Assisted Living         | <input type="radio"/> Dialysis            | <input type="radio"/> EMS             |
| <input type="radio"/> Home Health                        | <input type="radio"/> Hospice             | <input type="radio"/> Hospital        |
| <input checked="" type="radio"/> Long-term Care Facility | <input type="radio"/> Public Health Dept. | <input type="radio"/> Speciality Care |
| <input type="radio"/> EMA                                | <input type="radio"/> Fire Dept.          | <input type="radio"/> Local Jail      |
| <input type="radio"/> Law Enforcement                    | <input type="radio"/> State Corrections   | <input type="radio"/> DCS             |
| <input type="radio"/> State Health Dept                  | <input type="radio"/> National Guard      | <input type="radio"/> TDMH            |
| <input type="radio"/> TEMA                               | <input type="radio"/> THP                 |                                       |
| <input type="radio"/> Other                              |                                           |                                       |

4. **County where this Organization or Agency is Located:** Select the county in which your facility is located.

**County where this Organization or Agency is Located\***

Select *Statewide* if a State Agency

**At this point, a section titled Point of Contact Information for Receiving Organization with subsequent questions should pop up. The point of contact will be the person at you facility who will work with TEMA to receive PPE supplies.**

5. **Please enter the following information in the corresponding field:**

- POC Name
- POC Primary Phone Number
- POC Secondary Phone Number
- Email (please enter the POC's work email or a general inbox for the facility)
- Delivery Site Address (Where the supplies will be delivered)
- City
- State
- Zip
- Receiving Type Location

**Point of Contact Information for Receiving Organization**

**Contact Informaton for Delivery**

**POC Name\***

### Primary Phone Number\*

\*Valid inputs have the following format including the (). This can include an extension:  
(###)###-####

### Secondary Phone Number

\*Valid inputs have the following format including the (). This can include an extension:  
(###)###-####

### Email\*

\*Valid inputs have the following format: username@domain.extension

### Delivery Site Address\*

### City\*

State\*

TN

ZIP\*

37243

Receiving location type\*

Loading Dock

Fork Lift

Other

Specify other.

Facility Parking Lot

6. **Is your contact information different than above:** If the person completing the survey is not the primary point of contact, answer “yes”. If it is the same person, answer “no”.

*We would like to also capture the contact information of the individual completing this survey in case there are any questions about this request.*

Is your contact information different than above?\*

Yes

No

7. If applicable, enter the following information in the corresponding field:

- Requestor Agency
- Requestor Name
- Requestor Primary Phone Number
- Requestor Secondary Phone Number
- Email (please enter the requestor's work email or a general inbox for the facility)

### Contact Information for Individual Completing This Request

Please provide your contact information in case there are questions regarding this request

#### Requestor Agency

Your Facility Name

#### Requestor Name

Please enter the name of the Primary Point of Contact (POC) for this request.

John Doe

#### Primary Phone Number

\*Valid inputs have the following format including the (). This can include an extension:  
(###)###-####

(865)666-6666

### Secondary Phone Number

\*Valid inputs have the following format including the (). This can include an extension:  
(###)###-####

(865)777-7777

### Email

\*Valid inputs have the following format: username@domain.extension

john.doe@tn.gov

#### 8. PPE Request, Select Category (select all that apply):

Please only request gloves, gowns, surgical masks, and face shields

#### PPE Request

##### Select Category (select all that apply)\*



Personal Protective Equipment



Supplies

##### Select Personal Protective Equipment (select all that apply)



Gloves\_Sm



Gloves\_Md



Gloves\_Lg



Gloves\_XLg



Face Shield



Respirator (N95)



Gowns



Surgical Masks



Goggles



Tyvek Suit



Foot PPE

9. Add the **Quantity Needed** and **Forecast Use- Next 7 Days** for each PPE item requested.

### Gloves (by size)

Please note that the unit for gloves is a box of 100. So if a facility requests a number of 1, they will receive 1 box of 100 gloves.

#### Gloves (Medium) -- Need, Forecast and Estimated Date are Required to fill order

##### Quantity Needed: Gloves-Medium

Enter Quantity of Boxes of 100

##### Forecast Use- Next 7 days: Gloves-Medium

Enter Quantity of Boxes of 100

##### Estimated Date-Out of Stock: Gloves-Medium



## Face Shields

Please note that the unit for face shields is one item. So if a facility requests a number of 40, they will receive 40 face shields.

If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.

### Face Shields -- Need, Forecast and Estimated Date are Required to fill order

#### Quantity Needed: Face Shield

Enter number of individual items

#### Forecast Use- Next 7 days: Face Shield

Enter number of individual items



#### Estimated Date-Out of Stock: Face Shield

## Gowns

Please note that the unit for gowns is one item. So if a facility requests a number of 40, they will receive 40 gowns.

If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.

### Gowns -- Need, Forecast and Estimated Date are Required to fill order

#### Quantity Needed: Gowns

Enter number of individual items

#### Forecast Use- Next 7 days: Gowns

Enter number of individual items

#### Estimated Date-Out of Stock: Gowns

## Masks

Please note that the unit for masks is one item. So if a facility requests a number of 40, they will receive 40 masks.

If you are requesting a **2 week** supply, the Quantity Needed should be **2 times** the Forecast Use-Next 7 days quantity.

### Surgical Masks -- Need, Forecast and Estimated Date are Required to fill order

#### Quantity Needed: Surgical Masks

Enter number of individual items

#### Forecast Use- Next 7 days: Surgical Masks

Enter number of individual items



#### Estimated Date-Out of Stock: Surgical Masks

**10. Additional Information:** Please add the following information to this box.

I am requesting PPE for a licensed [Nursing Home, Residential Home for the Aged, or Assisted Living Facility]. This request is for a two week supply that will be used to test staff members. This will be a recurring need.

**Additional Information**

This is for providing explanations or further context to the above request. No other supplies can be requested from this form.

I am requesting PPE for a licensed [Nursing Home, Residential Home for the Aged, or Assisted Living Facility]. This request is for a two week supply that will be used to test staff members. This will be a recurring need.

780

**11. Passcode:** Please use 8362

– **Default Location (do not edit)** ▶

**Passcode\***

Provided Passcode is required to submit request

12<sup>3</sup> 8362|

**12. Submit!**