

All resource requests should be submitted to the NYC Health and Medical ESF at NYC Emergency Management: supplyrequest@oem.nyc.gov. Reminder, there will be costs associated with this supply request.

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

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

IF YOU ARE REQUESTING N95 MASKS PLEASE FILL THIS OUT

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? <input type="checkbox"/> Yes, make/model: _____ <input type="checkbox"/> No
Has the agency/facility made a purchase of the requested N95's within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> 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?

Additional Resource Request Information (All Supplies)

Have you exhausted all purchasing options at your facility's disposal? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exhausted any potential mutual aid agreements or association agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all vendors you have contacted.
If you have an order pending, what is the estimated delivery date?

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