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| Bay of Plenty Logo - Simple |  |

**Personal Protective Equipment (PPE) Order Form**

**Community Care Providers**

**Requestor Details:**

|  |  |
| --- | --- |
| Organisation Name: |  |
| Contact Name: |  |
| Contact Cellphone: |  |
| Delivery Address: |  |
|  |  |
|  |  |

**PPE Request Details: Please allow 36 hours from order to delivery – excluding weekends and public holidays**

***Please try to source PPE from your normal suppliers before requesting***

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| **DHB Code** | **Description** | **Standard Qty** | **Qty Required** |
| 253766 | Masks – surgical (patients/staff)  | BX 50 |  |
| 301325 | Masks – surgical (staff) | BX 50 |  |
| 289627 | Masks – N95 | BX 50 |  |
| ***Goggles/Visors: Please ensure you are washing and recycling current goggles and visors*** |
| 261964 | Goggles | EACH |  |
| 257739 | Visor | EACH |  |
| 255742 | Gowns (isolation) extra large | BX 10 |  |
| 264441 | Apron Disposable | EACH |  |
| ***Hand Gel: Please ensure that wherever possible soap and hot water is used*** |
| 262810 | Alcohol Hand Gel – 500ml | EACH |  |
| ***Wipes: To be used to clean all clinical equipment only. Disinfectant solution should be used to clean down any other areas*** |
| 285997 | Disinfectant wipes | Pack 50 |  |
| 267285 | Gloves Small | BX 200 |  |
| 267286 | Gloves Medium | BX 200 |  |
| 267287 | Gloves Large | BX 200 |   |
| 301502 | Covid Nasal Swab Kit | EACH |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |  |

**Please e mail this completed form to ppeordering@bopdhb.govt.nz**

For DHB use only:

***EOC Approved:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |  |

***Oracle Entry Completed by:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Req # |  | Date  | \_\_\_\_\_\_\_\_\_\_\_\_ |