|  |  |  |  |
| --- | --- | --- | --- |
| **Approved By\*** |  | **Date** |  |
| **School/Department** |  | **Contact Email/Phone** |  |

**\*Form must be approved by Principal/Department Head\* Please complete the following for PPE Supplies. Email the completed form to the Facilities Department. Point of contact:** [**Sarah.Rugo@slps.org**](mailto:Sarah.Rugo@slps.org) **,** [**Carmelita.McCray@slps.org**](mailto:Carmelita.McCray@slps.org) **and** [**Sherril.Jones@slps.org**](mailto:Sherril.Jones@slps.org)**– PLEASE INCLUDE ALL OF THOSE LISTED (MS. MCCRAY, MS. JONES AND MS. RUGO) ON THE EMAIL REQUEST FOR PPE or please call 314-535-2500 for direct assistance.**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Quantity |  |
| **Comments** |
|  |  |  |  |
| **1** | **Batteries - AA** |  |  |
| **2** | **Batteries - AAA** |  |  |
| **3** | **Batteries - D** |  |  |
| **4** | **Cloth Masks - Children** |  |  |
| **5** | **Cloth Masks - Teens** |  |  |
| **6** | **Cloth Masks - Adults** |  |  |
| **7** | **Cloth Masks - Denim** |  |  |
| **8** | **Desk Shields** |  |  |
| **9** | **Disinfecting Wipes - Pouches** |  |  |

**See Page Two**

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Description | Quantity |  |
| **Comments** |
| **10** | **Disposable Gloves** |  |  |
| **11** | **Disposable Masks - 3 Layer-Adults** |  |  |
| **12** | **Face Shields - Adults** |  |  |
| **13** | **Face Shields - Youth** |  |  |
| **14** | **Hand Sanitizer Pump - Blue Cedar** |  |  |
| **15** | **Hand Sanitizer Pump - Lavender** |  |  |
| **16** | **Level 2 Isolation Gowns - White** |  |  |
| **17** | **Level 3 Isolation Gowns - Blue** |  |  |
| **18** | **Lysol Disinfecting Spray** |  |  |
|  |  |  |  |
|  |  |  |  |

**Items received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School/Department Signature Date**

**(For internal use only) Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Pick-up**