SUPPLY REQUEST FORM to YOUR REGIONAL HEALTHCARE COALITION

DATE SUBMITTED:

COMMUNITY INFORMATION				
Community Name:				
Community Address:				
Does your Community	Loading I	Dock	Forklift	
have? (check all that apply)				

CONTACT INFORMATION				
Contact Name:				
Contact Phone #:				
Contact Email:				

MITIGATION STEPS (Please make sure to have met these mitigation steps (if applicable) before requesting supplies from the Coalition)				
Community Plans				
Have you followed guidance in your facility plans for critical supply shortage?	YES	NO	N/A	
Will these supplies be used for critical services only?	YES	NO		
Other Locations				
Do you have any other communities? If so, where? (Please list name and address.)	YES	NO	N/A	
Vendors				
Have you contacted your primary vendor?	YES	NO		
Have you contacted secondary/back up vendors?	YES	NO		

Population Served:			
Other mitigating steps yo	u may have taken:		

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YES

NO

If requesting N95 mask – Do you have a Respiratory
Protection Program in accordance with the Occupational
Safety and Health Administration (OSHA) 1910.134
Respiratory Protection.

Extenuating Circumstances:

SUPPLY REQUEST				
Item (Description and Size)	Current	How much will you	Estimated Date You	Quantity
	Supply (Each)	use in next 7 days	will be out of Stock	Needed (each)

Fill out this form and email to your local/regional healthcare coalition. (Find your local/regional healthcare coalition by clicking here:

https://www.tn.gov/health/cedep/cedep-emergency-preparedness/healthcare-coalitions.html