

CRITICAL PROTECTIVE SUPPLY INVENTORY FORM (RESIDENTIAL)

04-19-2020

Purpose of form: During periods of high demand and limited supply availability this form is used to inform the Facilities/Purchasing Department of levels of critical supplies at Sheltering Arms locations so when received supplies can be allocated and delivered to meet needs.

- 1) Indicate your Program/Site/Address; indicate critical needs/circumstances (i.e. client in isolation, etc)
- 2) Complete quantity of each item on hand. Enter size if applicable.
- 3) Indicate Your Name, Sign or Initial, Fill in Date & Time form is being completed.
- 4) Scan and email to purchasing@shelteringarmsny.org & facilities@shelteringarmsny.org with the email subject "Critical Supply Inventory: [PROGRAM NAME]" w/ CC to any program directors or VPs
- 5) PPE Inventory should be submitted to the emails above by 3pm daily

PROGRAM/SITE NAME/ADDRESS: _____

CRITICAL NEED (IF APPLICABLE): _____

SURGICAL MASKS

A new Surgical Mask should be issued to all staff for routine (non-medical) use once per week, or more often as supplies allow. Staff should wear and re-use masks all day while on-shift throughout the week and store masks as per instructions issued to all programs, using brown paper bags. New inventory is generally delivered on Mondays to all residential/youth services programs.

Have Masks been issued to all Staff this week? Y / N

Please Indicate # of Masks Issued to staff for Weekly (Re-)Use: _____

<u>ITEM ON HAND</u> (List Individual Units, except *noted)	<u>QUANTITY REMAINING</u>
Surgical Masks (remaining after staff distribution ☺)	
Surgical Masks (w/ shields)	
N95 Masks	
Goggles or Shields	
Gowns	
Brown Bags (approx)	
Alcohol Prep Pads (approx)	
Gloves - tell us # of boxes remaining	

Check if you need a refill of a (non-mounted) hand sanitizer pump or squeeze bottle

PRINT NAME: _____

SIGNATURE: _____

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DATE: _____ TIME: _____ AM / PM

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