

HEALTHCARE ASSOCIATION of HAWAII
Emergency Management Program

**REQUEST for PERSONAL PROTECTIVE EQUIPMENT
(Special SNS Distribution 2009-2010)**

		Date of request (MM/DD/YYYY):	
Name of Requesting organization		Telephone Number:	
Ship to address:			
City		State: HI	Zip Code:
E-mail address:		Date shipped (HAH use only)	
Quantity	Unit of Issue	Description	Issued
_____	Case	Gerson 81730 cup-style N95 respirator (240/case)	
_____	Case	Kimberly-Clark <i>Tecnol</i> 46827-10, small (210/case)	
_____	Case	Kimberly-Clark <i>Tecnol</i> 46827-17, reg (240/case)	
_____	Case	Inovel/Moldex 3003N95-L, large (160/case)	

TERMS and CONDITIONS of ISSUE

These materials were purchased with US Government funds and are subject to the following:

1. Fit-testing of health care workers is required under federal regulations.
See http://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/RespSource3.html
2. Requesting organization may not have more than ten (10) days stock on-hand at the time of this order. Local stockpiling is prohibited.
3. These materials are intended for use in protecting health care workers and may not be redistributed to other organizations, sold, or provided to patients or their family members.
4. This order will not be processed unless approved (signed) by the requesting organizations designation Emergency Program Manager.
5. Allow 72 hours for delivery. Shipment will be addressed to the individual and organization listed above. Call (808) 599-2899 for additional information or for order status.

Signature of Emergency Pgm Manager

FAX to (845) 839-8356