

**UNIVERSITY OF CENTRAL ARKANSAS
PPE SUPPLY REQUEST FORM**

Department: _____ Date: _____

Pick Up: Deliver:

Select One:

Quantity Requested	Description	Quantity Received	Balance
	Kleenex, 100 sheets/box		
	Face Shields		
	Gloves, Nitrile, S, 100/box		
	Gloves, Nitrile, M, 100/box		
	Gloves, Nitrile, L, 100/box		
	Gloves, Nitrile, XL, 100/box		
	Hospital Grade Disinfectant Cleaner, 1 Gallon Jug		
	Disinfectant Wipes, Canister, 75/80 sheets		
	Disinfectant Wipes, Tub, 500 sheets		
	UCA Bear Logo Mask		
	Blue Cloth Mask, washable		
	Hand Sanitizing Gel, 32 oz with Pump		
	Hand Sanitizing Gel, 1 Gallon with Pump		
	Hand Sanitizing Station, Gel, Free Standing		
	Hand Sanitizing Wall Dispensers		
	Hand Sanitizing Station Refills		
	Black Cloth Mask, washable		
	Alcohol Wipes, 100/box		
	Disposable Face Masks, Medical		
	KN95 Masks, 5/pack *Must fill out the attached form.		
	N95 Masks *Requires the University Doctor's approval		
	No Touch Thermometers		
	Disposable Gowns, Isolation, Sterile		
	Surgical Caps, Bouffant		
	Safety Glasses/Goggles		
	Lysol or equivalent Disinfecting Spray, Can		
	Web Cams		
	Batteries, AA		
	Batteries, AAA		
	Empty 8 oz Bottle with Pump (UCA Logo)		
	Empty 8 oz Bottle with Pump (No UCA Logo)		

Requested by: _____ Phone: _____

Department Head/Chair Approval: _____ Date: _____

Dean/Vice President Approval: _____ Date: _____

Supplies Received By: _____
 Print Name

 Signature

 Date: _____

Verified By: _____
 Physical Plant Official

 Date: _____

*University Doctor's Approval: _____
 (For N95 Masks Only) Signature

 Date: _____

Copy of this document will be given to the recipient of the supplies.

Please email this form upon approval to: pplantwarehouse@uca.edu