

Request for Personal Protective Equipment (PPE)

Date of request: _____ Index _____
Requested by: _____ Ext. _____
Department: _____ Please check one:
Program: _____ ☐ on-campus
No. of TC participants: _____ ☐ off-campus
If off-campus, please list the site sponsor and site address:

No. of TC participants: _____ Program dates: _____

PPE requested - Please indicate quantity and sizes

Surgical Mask (Blue): S___ M___ L___ XL___

N95 respirators: S___ M___ L___ XL___

KN95 respirators: S___ M___ L___ XL___

Face Shield: S___ M___ L___ XL___

Gloves: QTY: S___ M___ L___ XL___

Lab coats: S___ M___ L___ XL___

Goggles QTY: S___ M___ L___ XL___

Other _____

For on-campus programs

- 1) Email this completed request to your department head for approval
- 2) Department head to email this request and his/her approval to the EHS Team at prm2129@tc.columbia.edu
- 3) EHS Team to review, approve if within JSA, and forward to Shipping and Receiving
- 4) Shipping and Receiving to contact requestor and arrange for pick-up or delivery of the PPE requested

For off-campus program/placement

- 1) Email this completed request to your department head for approval
- 2) Department head to email approved request to EHS Team
- 3) Attach written documentation from the site sponsor that the site has evaluated the role of TC participants, has determined PPE needs, and is requiring the TC participants to self-provide that PPE.
- 4) EHS Team to review, approve if appropriate, and forward to Shipping and Receiving
- 5) Shipping and Receiving to contact requestor and arrange for pick-up or delivery of the PPE requested

For fit testing requirements please contact the TC EHS Office for resources and additional information.