

**Maryland Department of Health
Office of Preparedness & Response
Emergency Medical Material (PPE) Request Form**

PPE RESOURCE INQUIRIES and REQUESTS:

Thank you for contacting the Maryland Department of Health (MDH). We appreciate your communications and assistance with the health and safety of Maryland residents during the COVID-19 pandemic.

The Maryland Department of Health (MDH) is working closely with the Maryland Emergency Management Agency (MEMA) to organize emergency suppliers of equipment and services that will help respond to the COVID-19 crisis.

Please fill out the Emergency Medical Material request form on pages 3 and 4 of this document, then send it to your local health department.

Thank you again for your willingness to assist Maryland residents.

Sincerely,

MDoH Office of Preparedness and Response

Jurisdiction	First Name	Last Name	Email Address
Allegany #1	Carrie	Hughes	chughes@alleganygov.org
Allegany #2	Roger	Bennett	rbennett@alleganygov.org
Allegany #3	James	Pyles	jpyles@alleganygov.org
Annapolis City	Mary Kate	Seborowski	OEM@Annapolis.gov
Anne Arundel			eoc@aacounty.org
Baltimore City			MedResourceRequest@baltimorecity.gov
Baltimore Co.			LBSS@baltimorecountymd.gov
Calvert	Stanley	Harris	Stanley.Harris@calvertcountymd.gov
Caroline #1	Jamie	Beechey	jbeechey@carolinemd.org
Caroline #2			eocemail@carolinemd.org
Carroll			emergencymanagement@carrollcountymd.gov
Cecil	Michelle	Lloyd	michelle.lloyd@ccdps.org
Charles			deslogistics@charlescountymd.gov
Dorchester	Steve	Garvin	sgarvin@docogonet.com
Frederick			eoc.request@frederickcountymd.gov
Garrett #1	John	Frank	jfrank@garrettcounty.org
Garrett #2	Ginny	Smith	vsmith@garrettcounty.org
Harford			covidrequest@harfordpublicsafety.org

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Howard			emergencymanagement@howardcountymd.gov
Kent	Ginger	Gregg	vgregg@kentgov.org
Montgomery			emergency.management@montgomerycountymd.gov
Ocean City	Amanda	Lewis	alewis@ococeancitymd.com
Prince George's #1			COVID19eoc@co.pg.md.us
Prince George's #2			CountyEOC@co.pg.md.us
Prince George's #3	Ronald	Gill	regill@co.pg.md.us
Queen Anne's	Lori	Morris	lmorris@gac.org
Somerset			requests@somersetmd.us
St. Mary's #1	Gerald	Gardiner	Gerald.Gardiner@stmarysmd.com
St. Mary's #2			ema@stmary'smd.com
Talbot #1	Geneva	Schaffle	gschaffle@talbotcountymd.gov
Talbot #2	Mark	Cohoon	mcohoon@talbotcountymd.gov
Talbot #3			eoc@talbotdes.org
Washington	Tom	Brown	cbrown@washco-md.net
Wicomico			Wcesalert@wicomicocounty.org
Worcester	James	Hamilton	jhamilton@co.worcester.md.us

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Type or legibly print (in black or blue ink) all known information that is asked for on this form. Ensure that the sections of the form that apply to you are filled out in their entirety. A separate form must be filled out for each delivery address.

TO BE COMPLETED BY THE REQUESTING FACILITY					
1.	DATE:		2.	TIME:	
3.	REQUESTING FACILITY NAME:				
4.	DELIVERY ADDRESS:				COUNTY:
5.	FACILITY POC NAME:				
6.	FACILITY POC PHONE NUMBER:				
7.	FACILITY POC EMAIL ADDRESS:				
6.	ITEMS REQUESTED:	<i>PROVIDE A GENERAL DESCRIPTION OF ITEMS AND QUANTITIES REQUESTED (E.G. N95s, FACE SHIELDS, SURGICAL MASKS, GOWNS).</i>			
7.	CURRENT SUPPLY	<i>PROVIDE A COUNT OF CURRENT SUPPLY OF CURRENT PPE ITEMS ON HAND AND HOW LONG THE EXPECTED SUPPLY WILL LAST AT CURRENT BURN RATE.</i>			
8.	CURRENT MEASURES IN PLACE TO CONSERVE HEALTH RESOURCES:	<i>PROVIDE A DESCRIPTION OF CURRENT PPE CONSERVATION POLICIES IN PLACE ACCORDING TO CDC GUIDANCE.</i>			
9.	CURRENT PATIENTS	<i>PROVIDE A DESCRIPTION OF THE NUMBER OF PATIENTS IN YOUR FACILITY AND THE TYPE OF CARE THEY ARE RECEIVING</i>			

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10.	<p>SPECIFIC DELIVERY INSTRUCTIONS / DIRECTIONS UPON ARRIVAL:</p> 	
11.	<p>REQUESTOR INFORMATION:</p> <p><i>REQUESTOR NAME:</i></p> <p><i>PHONE NUMBER:</i></p> <p><i>EMAIL ADDRESS:</i></p>	
12.	<p>REQUESTOR AUTHORIZATION:</p> <p><i>I HEREBY CERTIFY THAT THE ABOVE NAMED FACILITY IS TAKING ALL NECESSARY AND APPROPRIATE MEASURES TO CONSERVE PPE IN BOTH CURRENT SUPPLY AND REQUESTED ALLOCATION ACCORDING TO CDC GUIDANCE. I UNDERSTAND THAT THE FACILITY MAY NOT RECEIVE THE TOTAL AMOUNT OF SUPPLIES REQUESTED.</i></p> <p>REQUESTOR SIGNATURE:</p>	