

Appendix A: Respirator Supply Documentation

Date of survey:

If you are having difficulty obtain	ing a sufficient supp	ply of respirators, pleas	e complete the
following documentation:			

Manufacturer	Model	# on	Date	Supplier	# on	#on back	Supplier
	number	hand	of		order	order	anticipated
			most				date of
			recent				delivery for
			order				back order

What actions have you taken to address any potential shortages?

A. Contacted other suppliers for same respirator model.

Respirator model	Supplier contacted	Date of contact	Result



B. Attempted to switch to a different model of surgical N95.

Respirator model	Supplier Contacted	Date of contact	Result

C. Attempted to switch to a non-surgical N95 (general purpose N95), or other type of respirator (e.g. elastomeric)

Respirator model	Supplier contacted	Date of contact	Result



D. Adopted respirator conserving policies (please describe below):

Type of policy	Brief description	In writing (y/n)	Employees trained (y/n)	Date to be re- evaluated

E. Requested respi	rators from local emergency management organizations
Date of Contact.	Person/Agency Contacted
Result?	