



PPE Request

Email completed forms to deastin@wtamu.edu

NAME:

DATE:

Department:

PPE Request:

Limit:

___ Aloe Vera 1 gallon hand sanitizer	1
___ Aloe Vera 8 oz hand sanitizer	2
___ Purell 4 oz hand sanitizer	4
___ Purell ½ gallon hand sanitizer	1
___ Trumies 14 oz hand sanitizer	1
___ Trumies 1 gallon hand sanitizer	1
___ Hand sanitizing wipes 50 per box	1
___ Antibacterial wipes 90 per container	1
___ Alcohol wipes 50 per pack	1
___ Cloth reusable masks	2 per employee
___ WTAMU cloth masks large/XL	2
___ WTAMU cloth masks sm/med	2
___ Paper free masks 50 per box	1
___ N95 face masks	2 per employee
___ Condur nitrile gloves med 100 per box	1
___ Powder free nitrile gloves SM 100 per box	1
___ ProGuard nitrile gloves SM 100 per box	1
___ PPE Kit (1 cloth mask, hand sanitizer, and pair of gloves)	1 per employee
___ Indicaid COVID-19 Rapid Antigen Test	1 per employee
___ Segoy forehead thermometer DET-306	1 per department
___ Virex disinfectant Cleaner 32 OZ	

Administrative Use Only

Filled: _____

Delivered: _____