

## Appendix A: Respirator Supply Documentation

If you are having difficulty obtaining a sufficient supply of respirators, please complete the following documentation:

Date of survey: \_\_\_\_\_

| Manufacturer | Model number | # on hand | Date of most recent order | Supplier | # on order | #on back order | Supplier anticipated date of delivery for 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 respirators from local emergency management organizations

Date of Contact. \_\_\_\_\_ Person/Agency Contacted \_\_\_\_\_

Result? \_\_\_\_\_