



DEPARTMENT OF HEALTH

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Theresa Moore
Supervising PHE

Tyler Shaw
Env. Health Director

Lori Ballengee
Director

Brittney Schuld
DPS

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Accountant

Emergency Supply Request Form

Submit all supply requests to Logistics Section via David Spring and Penny Chudy

David Spring: springd@alleganyco.com 585.268.9252

Penny Chudy: chudyp@alleganyco.com 585.268.9259

Organization Name: \_\_\_\_\_

Person to contact (with title): \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Supply distribution will be based on need and availability. Be prepared to pick up supplies from Belmont. Supplies may be distributed on a loan basis, to be repaid in kind when your regular supplies are delivered.

Supplies Requested: N95 respirators number: \_\_\_\_\_ size: \_\_\_\_\_

Examination gloves number: \_\_\_\_\_ size: \_\_\_\_\_

Gowns number: \_\_\_\_\_ size: \_\_\_\_\_

Hand sanitizer number: \_\_\_\_\_ size: \_\_\_\_\_

Other (name, number, size) \_\_\_\_\_

Other (name, number, size) \_\_\_\_\_

For each supply requested give: (1.) what the supplies will be used for, (2.) your current inventory, (3.) the rate at which you are using the product ('burn rate' or consumption rate), (4.) the name of your vendor, and (5.) estimated date of delivery from your vendor. All questions must be answered prior to distribution.

Multiple horizontal lines for providing detailed information for each supply request.

