



BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Email: eoclogistics@bopdhb.govt.nz

Personal Protective Equipment (PPE) Order Form

Requestor Details:

GP Practice/ ARC Facility Name:	Māori Health Gains and Development, BOPDHB, COVID Mobiles
Contact Name:	Roimata Timutimu (behalf of Marama Tauranga)
Contact Telephone:	027 5499 493
Delivery Address:	Te Wharewhakamana 190 17th Ave Tauranga

PPE Request Details:

DHB Code	Description	Standard Qty	Qty Required
253764	Mask – Surgical (<i>patients</i>) Fluidshield Resistant	BX50	2 boxes
261964	Goggles	EACH	20
255742	Gowns (Isolation – Blue) - large	BX50	2 boxes
262810	Alcohol Hand gel – 500ml	EACH	20
285997	Disinfectant surface wipes	Pack 50	10

I confirm that the above order is to replace stock already utilised by this facility on suspected COVID 19 cases.

Name Kaywyn Mckenzie Signature  Date 27 March 2020

Please e mail this completed form to: eoclogistics@bopdhb.govt.nz

For DHB use only:

EOC Approved:

Name _____ Signature _____ Date _____

Oracle Entry Completed by:

Name _____ Signature _____ Date _____