



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:	
Contact Name:	
Contact Telephone:	
Delivery Address:	

PPE Request Details:

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

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

Name _____ Signature _____ Date _____

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 _____