NYSDOH Asset Request

Hospitals and Medical Providers must provide **Requesting Entity** Information.
Email this request to the Ontario County Public Health at: EOC@co.ontario.ny.us
If email is not possible, Fax Request to: **(585) 396-4551**

NY Responds Call NUMBER:	
Person Filling out Form:	Date/Time of request:
Incident Name / Reason for Request:	
Requesting Entity	
Entity:	Phone number:
Contact name:	e-mail:
Requesting County Health Department:	
County:	Phone number:
Contact name:	e-mail:
Requesting County Emergency Management Office:	
County EM Office:	Phone number:
Contact name:	e-mail:
Delivery Location Information:	
Contact name:	Office Phone number:
Cell Phone number:	e-mail:
Delivery Location and Address:	
Can delivery location accommodate palletized material?	☐ Yes ☐ No
Does delivery location have a loading dock?	☐ Yes ☐ No
Can delivery location accommodate a tractor trailer	☐ Yes ☐ No
Will delivery location have trained personnel to receive assets?	☐ Yes ☐ No
Any Special Instructions:	

For each item requested the following questions must be answered:

1. Item being requested (Be specific – include sizes)	
2. Quantity being requested:	
3. Quantity being consumed daily:	
4. Where applicable, is the requested item being used according to current NYSDOH guidelines?	☐ Yes ☐ No
5. Have local stockpiles been exhausted or is imminent exhaustion anticipated?	☐ Yes ☐ No
6. What are current inventory levels of the requested item?	
7. Has an order been placed for the requested item?	☐ Yes ☐ No
8. If so, when is the expected arrival time of those items?	
9. If not, why?	
10. When are supplies needed by?	

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