**EEAST Personal Protective Equipment donations *(or locally sourced)*: Assurance request form**

**Person submitting request and Management area details.**

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| Name | Position | Management area | Base station |
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Date of submission

Please complete the following details regarding the donation of PPE you have received and return the form along with photographs to [IPCAdministrator@eastamb.nhs.uk](mailto:IPCAdministrator@eastamb.nhs.uk)

Who donated the PPE or where did it come from?

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**PPE details.**

State the type of PPE that has been donated, e.g FFP3 mask or face visor.

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What is the manufacturers name of the product?

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What is the model number/name of the product?

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What is (if available) the CE marking on the product and/or packaging?

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What are (if available) the EN standards listed on the product and/or packaging?

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State the expiration date of the product.

Quantity of product.

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**Please provide any additional comments regarding the PPE. This can include any concerns or mitigation for the use of the product.**

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**Please add any photos of the equipment below.**

Images should include the equipment itself along with any standards, safety markings and product data available on the product or packaging.