

**REQUEST FOR NON-STANDARD
PERSONAL PROTECTIVE EQUIPMENT**

Date: _____ Use this form to submit a request for review of non-standard personal protective equipment (PPE), e.g., PPE not issued by RRH. This form may also be used to report concerns about RRH issued PPE.

Name of Requester: _____ Department: _____

Email Address: _____

ITEM REQUESTED:

- Mask Gloves Faceshield Respirator
 Gown Goggles Other: _____

ITEM DESCRIPTION:

Manufacturer: _____

Model: _____ Size: _____

Purchased from: _____

DESCRIBE WHY THE STANDARD ITEM IS NOT ACCEPTABLE: