



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

DATE: December 14, 2009
TO: ALL PROVIDERS/HOSPITALS
FROM: Virginia Hastings
ICEMA Executive Director
SUBJECT: ACKNOWLEDGEMENT OF N-95 STOCKPILE ALLOCATION REQUIREMENTS

Acknowledgement of Requirements

Provider Name: _____

Address: _____

Contact Person for Allocation of N-95's: _____

Email: _____

I hereby agree to the following in order to attain an allocation of N-95 respirators:

(forms can be found in the Distribution Plan Packet)

- A. Complete Cal-OSHA Respirator Supply Documentation form (Appendix A)
- B. Complete *N-95 Respirator Supply Report* form (Appendix B)
- C. Submit both documents (Appendix A & B) to ICEMA for Medical/Health Operational Area Coordinator (MHOAC) review prior to accessing palletized stock
- D. Follow procedures 5, 6, and 7 as specified in the Distribution Plan Packet
- E. Report weekly as specified in the *Reporting Requirements* section of the Distribution Plan Packet

CEO/Fire Chief Signature

To be completed and signed at pick-up of N-95 materials

I hereby acknowledge the receipt of the following materials from ICEMA:

- 1. Documentation packet containing (pallet contents, ICEMA Weekly Report Form, Cal OSHA Report forms, and
- 2. # _____ pallet(s) of N-95 respirators as listed in the attached inventory sheet

Signature of Recipient

Please feel free to contact Dora Mejia at dmejia@cao.sbcounty.gov or (909) 388-5826 with any questions.