



# New Jersey EMS Task Force Logistics Module

## Member Issued Personal Protective Equipment (PPE) Survey

Greetings Team! Please take some time and fill out this survey about your issued PPE. The Logistics Officers and I are working on some ideas to possibly replace end of life (EoL) PPE or issue new to members that have none. The first step is to get a better idea of what we have throughout the state. All of the information that is requested can be found inside of your PPE. If it is unreadable just answer "unreadable". If the PPE does not have the requested info just answer "N/A". **Please have this form completed and returned to me by the end of day September 23<sup>rd</sup> 2018.** Email it to me at [gabrieas@uhnj.org](mailto:gabrieas@uhnj.org). If you have any questions just give me a call (973) 868-6563. Thank you in advance.

Member Name	Host Agency	Assigned Module
Cell Phone	Email	Region (North/Central/South)

### Helmet

Issued (Yes / No)	Serial Number	Manufactured Date	Color

### Gloves

Issued (Yes / No)	Size	Brand

### Boots

Issued (Yes / No)	Size	Brand

### MSA Millennium Air Purifying Respirator (APR)

Issued (Yes / No)	Serial Number	Size	Cartridge Expiration Date

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### Eye Protection

Issued (Yes / No)	Brand

### Hearing Protection

Issued (Yes / No)	Brand

### Turnout Jacket

Issued (Yes / No)	Serial Number	Manufactured Date	Size

### Turnout Pants

Issued (Yes / No)	Serial Number	Manufactured Date	Size

### Any module specific equipment issued to you

THANK YOU

Please email to [gabrieas@uhnj.org](mailto:gabrieas@uhnj.org)