

SPRAY DISINFECTANT AND HAND SANITIZER REQUEST FORM

REQUESTER INFORMATION	
DATE OF REQUEST:	
NAME OF REQUESTER & TITLE:	
REQUESTER OFFICE, SHOP, OR DEPARTMENT:	
PHONE NUMBER:	
LOCATION: BUILDING/ROOMS:	

REQUESTED ITEMS	
ITEM	QTY REQUESTED
SPRAY DISINFECTANT 32-oz bottle	
HAND SANITIZER 2-oz bottle	
HAND SANITIZER 1-gallon jug	

LOCATION DETAILS	
LIST SPECIFIC AREAS/SURFACES THAT NEED DISINFECTING. Highest priority will be given to those areas where front-line, public facing staff are working. (Give total number of areas in the specific space you are requesting disinfectant for.)	
ESTIMATED NUMBER OF PEOPLE IN SPACE PER HOUR/DAY:	
OTHER PROTECTIVE MEASURES IN PLACE: (e.g., physical distancing or plexiglass partitions)	

****Please Save this form and attach/e-mail to ehs@albany.edu or print/fax to 518-442-3783****

FOR EH&S USE ONLY	
STAFF MEMBER(S) REVIEWING REQUEST:	
LOCATION PRIORITY (LOW, MEDIUM, HIGH)	
REQUEST STATUS AND NOTES:	