

Residential Care and Assisted Living Request for Supplies for H1N1 Influenza Outbreak

Date/Time: _____

Facility Name: _____

Delivery Address:

Assisted Living

- Standard Supplies (order list #1)
N95 Respirators Required Yes No
- Standard Supplies (order list #2)
N95 Respirators Required Yes No

Residential Services

- Standard Supplies (order list #3)
N95 Respirators Required Yes No

Fax to: Shared Services Facility
 604-455-1318

Follow up telephone call to 604-455-1305 local 741415