### REQUIRED PPE CHECKLIST

<table>
<thead>
<tr>
<th>LOCATIONS</th>
<th>N95 RESPIRATOR</th>
<th>FACE MASK</th>
<th>EYE PROTECTION</th>
<th>GLOVES</th>
<th>GOWNS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R &amp; R PROCESSING AREAS AND/OR RECEPTION CENTERS</strong>&lt;br&gt;Symptomatic patient or confirmed/suspected COVID-19 patient&lt;br&gt;patient (if comes from the institution/jail)</td>
<td>☑</td>
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<tr>
<td><strong>CUSTODY ESCORT OF:</strong>&lt;br&gt;Symptomatic patient or confirmed/suspected COVID-19 patient&lt;br&gt;Asymptomatic patient (not confirmed)</td>
<td>☑</td>
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<tr>
<td><strong>TRANSPORT VEHICLE</strong>&lt;br&gt;All transfers</td>
<td>☑</td>
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<tr>
<td><strong>HOUSING UNIT</strong>&lt;br&gt;Symptomatic patient or confirmed/suspected COVID-19 patient&lt;br&gt;Asymptomatic patient (not confirmed)&lt;br&gt;Quarantined/isolated areas</td>
<td>☑</td>
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<tr>
<td><strong>OUTPATIENT HOUSING UNIT</strong>&lt;br&gt;Symptomatic patient or confirmed/suspected COVID-19 patient&lt;br&gt;Asymptomatic patient (not confirmed)</td>
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<tr>
<td><strong>CORRECTIONAL TREATMENT CENTER</strong>&lt;br&gt;Symptomatic patient or confirmed/suspected COVID-19 patient&lt;br&gt;Asymptomatic patient (not confirmed)</td>
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<tr>
<td><strong>STAFF PRESENT DURING</strong>&lt;br&gt;Suspected COVID-19 case procedure that may cause respiratory aerosols&lt;br&gt;Collection of respiratory specimens</td>
<td>☑</td>
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