



# Louisiana Housing Corporation

## Agency Field and Crew Check List

Agency Name: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Is there adequate inventory for the following categories before going into the field?

Respirators \_\_\_\_\_

N95 face masks \_\_\_\_\_

Gloves \_\_\_\_\_

Tyvek Suits \_\_\_\_\_

Booties \_\_\_\_\_

Paper towels \_\_\_\_\_

Hand soap \_\_\_\_\_

Cleaners \_\_\_\_\_

Client education materials \_\_\_\_\_

Client face masks \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_