



Wipe Count Request Form

Date _____

Location Wipes Taken _____

Who Took Wipes _____ Ext. _____

Number of Wipes _____ Date Wipes Taken _____

Count Comments or Requests _____

Results To _____ MS _____

Wipes Received By _____ Quantity _____ Date _____

Wipes must be in numerical order and placed inside a ziplock bag.

The Count Request Form shall be attached to the outside of the ziplock bag. Please do not use staples!!