

SureWash Request Form

Requesting Facility:

Requesting Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

Facility Address:

Estimated number of staff using machines:

Requested date of use:

Requested Length of use: 1 Week 2 Weeks 3 Weeks 4 Weeks

Other _____

***Please note all machines will be delivered to your facility and can be placed for staff use only or for staff and public usage. When the machines are delivered you will receive a training on that day for the machines. You will also sign an agreement of temporary ownership.**

For Questions, Please Call 302 744 4990
Return form to DHSS_DPH_SureWash@delaware.gov



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health