

FIRST AID KIT CHECK LIST

LOCATION: _____ YEAR:____

	NO.	JAN.	FEB.	MARCH	APR.	MAY	JUNE	JULY	AUG.	SEPT	OCT.	NOV.	DEC.
First Aid Manual	1												
Safety Pins	24												
Band-Aids, Assorted	48												
Gauze Pads, 3" Square	48												
Roll Gauze, 2"	8												
Roll Gauze, 4"	8												
Sterile Gauze Compress	6												
Triangular Bandage	12												
½ " Tape	2												
Surgical Gloves- Pair	12												
Scissors	1												
Tweezers	1												
Airway Device	8												
Alcohol	1												
Antiseptic/ Dettol	1												
Splint Padding Rolls	2												
Plastic Basin	1												
Splints Assorted	2												
Eye Cup	1												
Eye Wash	1												
Polysporin/Neosporin	1												
Cream													
Aspirin(Bottle)	1												
Staff Initials													

Revised November 2021



FIRST AID TREATMENT LOG

Date and Time of Injury	Name of Injured Employee	Witnesses	Work Location where Injury Occurred	Cause of Injury	Nature of location of treatment given	Supplies Used	Accident & Injury Reported?	Name of First Aider