First Aid Kit Checklist

Date completed: _____ Completed by: _____

		Yes	No	N/A	Comments
Location					
Location reviewed at employee indoctrination		☐	☐	☐	_____
Easy access: hung on wall and not locked in a room		☐	☐	☐	_____
Protected from elemental damage (i.e. water, dust)		☐	☐	☐	_____
Clearly identified		☐	☐	☐	_____
Sufficient number available for size of workforce		☐	☐	☐	_____
Contents					
Burn Treatment	Burn ointment Gloves Gauze & pads Cold therapy	☐	☐	☐	_____
Cut Treatment	Compress bandages Gauze & pads Adhesive tape Adhesive bandages Antiseptics Protective gloves	☐	☐	☐	_____
Eye Injuries	Eye wash Eye pads/dressings	☐	☐	☐	_____
Shock/Fainting	Ammonia inhalants Oxygen available	☐	☐	☐	_____
Fractures	Triangular bandages Splints, Ice packs Ace bandages Stretcher	☐	☐	☐	_____
Contusions	Cold therapy Antiseptic bandages Protective gloves	☐	☐	☐	_____
Misc.	First aid manual Forceps, Scissors Gown or apron Ibuprophen, Sunscreen Emergency numbers CPR mask	☐	☐	☐	_____
Training/Review					
CPR trained personnel		☐	☐	☐	_____
Supervisors trained		☐	☐	☐	_____
Daily audit		☐	☐	☐	_____
Supplies replenished		☐	☐	☐	_____