|  |  |  |
| --- | --- | --- |
|  | **First Aid Kit Inspection Checklist** |  |
| **FREQUENCY** | **DATE** |
| **WEEKLY / MONTHLY / QUARTERLY (Select as applicable)** |  |
| **Location .......................................................................** |
| First Aid Kit Inspection - ITEMS TO CHECK | **YES** | **NO** | **IMP.** |
| First aid kit is easily accessible and clearly labeled. |  |  |  |
| First aid kit is stocked with essential supplies. |  |  |  |
| Expired or damaged items are removed and replaced. |  |  |  |
| Bandages (assorted sizes) are available and in good condition. |  |  |  |
| Sterile gauze pads and adhesive tape are available. |  |  |  |
| Antiseptic wipes or solution is present and not expired. |  |  |  |
| Scissors and tweezers are clean and in good working condition. |  |  |  |
| Disposable gloves (latex/nitrile) are available. |  |  |  |
| Cold packs are intact and functional. |  |  |  |
| Eye wash solution is available and within expiry date. |  |  |  |
| CPR mask or face shield is available. |  |  |  |
| Burn ointment or dressings are stocked. |  |  |  |
| First aid manual or instructions are available. |  |  |  |
| Emergency contact numbers are displayed. |  |  |  |
| Medications (if applicable) are in date and stored properly. |  |  |  |
| The kit is free from dust, dirt, and contamination. |  |  |  |
| First aiders are aware of the kit location and trained to use it. |  |  |  |
| Kit security seal (if applicable) is intact. |  |  |  |
| Adequate quantity of each item is maintained. |  |  |  |
| First aid inspection records are updated. |  |  |  |
| **Comments:** |  |  |
|  |  |  |
|  |  |  |
|  |
| ****First Aid Kit Condition and Quantity Check**** |
| First Aid Equipment | Location | Qty | OK | Not OK | Remarks (Mention Check No.) |
| First Aid Kits |  |  |  |  |  |
| Bandages & Dressings |  |  |  |  |  |
| Antiseptic Solutions |  |  |  |  |  |
| Eye Wash Bottles |  |  |  |  |  |
| CPR Masks |  |  |  |  |  |
| **Inspected By;****Name: .............................................. Designation: ..................................... Signature: .....................................** |