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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **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: .....................................** | | | | | | | | | | | | |