

## FIRST AID KIT MONTHLY INVENTORY (16-199 WORKERS)

Location:				
Required	Item	On Hand	Need	
1	Current edition of St. John Ambulance First Aid Manual	<input type="checkbox"/>	<input type="checkbox"/>	
24	Safety pins	<input type="checkbox"/>	<input type="checkbox"/>	
1	Basin, preferably stainless steel	<input type="checkbox"/>	<input type="checkbox"/>	
48	Adhesive dressings individually wrapped	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rolls adhesive tape, 1" wide	<input type="checkbox"/>	<input type="checkbox"/>	
12	Rolls of 1" gauze bandage	<input type="checkbox"/>	<input type="checkbox"/>	
48	Sterile gauze pads 3" square	<input type="checkbox"/>	<input type="checkbox"/>	
8	Rolls of 2" gauze bandage	<input type="checkbox"/>	<input type="checkbox"/>	
8	Rolls of 4" gauze bandage	<input type="checkbox"/>	<input type="checkbox"/>	
6	Surgical pads for pressure dressing (individual)	<input type="checkbox"/>	<input type="checkbox"/>	
12	Triangular bandages	<input type="checkbox"/>	<input type="checkbox"/>	
	Splints of assorted sizes	<input type="checkbox"/>	<input type="checkbox"/>	
2	Rolls of splint padding	<input type="checkbox"/>	<input type="checkbox"/>	
1	Stretcher	<input type="checkbox"/>	<input type="checkbox"/>	
2	Blankets	<input type="checkbox"/>	<input type="checkbox"/>	
	Supply of non-latex gloves in various sizes	<input type="checkbox"/>	<input type="checkbox"/>	
	CPR mask/barrier device (recommended)	<input type="checkbox"/>	<input type="checkbox"/>	
	Valid first aid certificate(s) posted and visible	<input type="checkbox"/>	<input type="checkbox"/>	
	First aid treatment log	<input type="checkbox"/>	<input type="checkbox"/>	

A kit inspection must be conducted every three months (minimum). Completed copies along with monthly first aid logs are to be forwarded to the owner.

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Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_