

First Aid Kit Checklist

Hygiene and Protection	Qty.	Exp.	✓	Medicine	Qty.	Exp.	✓
Disposable gloves	_____	_____	<input type="checkbox"/>	Ibuprofen	_____	_____	<input type="checkbox"/>
Rescue breath mask	_____	_____	<input type="checkbox"/>	Aspirin	_____	_____	<input type="checkbox"/>
N95 masks	_____	_____	<input type="checkbox"/>	Antihistamine	_____	_____	<input type="checkbox"/>
Cloth masks	_____	_____	<input type="checkbox"/>	EpiPen	_____	_____	<input type="checkbox"/>
Eye shield	_____	_____	<input type="checkbox"/>	Hydrocortisone	_____	_____	<input type="checkbox"/>
Eye wash	_____	_____	<input type="checkbox"/>	Calamine lotion	_____	_____	<input type="checkbox"/>
Hand sanitizer	_____	_____	<input type="checkbox"/>	Anti-nausea/diarrhea medication	_____	_____	<input type="checkbox"/>
Antiseptic wipes	_____	_____	<input type="checkbox"/>	Antacid	_____	_____	<input type="checkbox"/>
Soap	_____	_____	<input type="checkbox"/>	Decongestant	_____	_____	<input type="checkbox"/>
Hydrogen peroxide	_____	_____	<input type="checkbox"/>	Cough medicine	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	Cough drops	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	Other	Qty.	Exp.	✓
Wound Care	Qty.	Exp.	✓	First aid guide	_____	_____	<input type="checkbox"/>
Splint	_____	_____	<input type="checkbox"/>	Medical alert wallet card	_____	_____	<input type="checkbox"/>
Eye pad	_____	_____	<input type="checkbox"/>	Emergency numbers	_____	_____	<input type="checkbox"/>
Gauze pads	_____	_____	<input type="checkbox"/>	Stethoscope	_____	_____	<input type="checkbox"/>
Wound pads	_____	_____	<input type="checkbox"/>	Thermometer	_____	_____	<input type="checkbox"/>
Bandages	_____	_____	<input type="checkbox"/>	Cotton balls	_____	_____	<input type="checkbox"/>
Butterfly bandages	_____	_____	<input type="checkbox"/>	Vaseline	_____	_____	<input type="checkbox"/>
Roller bandage	_____	_____	<input type="checkbox"/>	Fingernail clippers	_____	_____	<input type="checkbox"/>
Triangular bandage	_____	_____	<input type="checkbox"/>	Tweezers	_____	_____	<input type="checkbox"/>
Burn dressing	_____	_____	<input type="checkbox"/>	Tongue depressors	_____	_____	<input type="checkbox"/>
Aloe vera	_____	_____	<input type="checkbox"/>	Q-Tips	_____	_____	<input type="checkbox"/>
Medical tape	_____	_____	<input type="checkbox"/>	Bulb suction device	_____	_____	<input type="checkbox"/>
Adhesive tape	_____	_____	<input type="checkbox"/>	Sunscreen	_____	_____	<input type="checkbox"/>
Cloth tape	_____	_____	<input type="checkbox"/>	Tissues	_____	_____	<input type="checkbox"/>
Instant cold pack	_____	_____	<input type="checkbox"/>	Safety pins	_____	_____	<input type="checkbox"/>
Instant hot pack	_____	_____	<input type="checkbox"/>	Flashlight	_____	_____	<input type="checkbox"/>
Antibiotic cream	_____	_____	<input type="checkbox"/>	Batteries	_____	_____	<input type="checkbox"/>
Anesthetic spray	_____	_____	<input type="checkbox"/>	Whistle	_____	_____	<input type="checkbox"/>
Shears/Scissors	_____	_____	<input type="checkbox"/>	Matches	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	Plastic bags	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	Duct tape	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>