**FIRST AID KIT INVENTORY**

**KIT ID:**

First Aid kits are inspected each month: Note expiration dates, quantities and condition of items.

Note the date of inspection on the back of this form.

PLEASE designate any use in the “Items Used” section to the right

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Qty** | **Item Description** | **Qty** | **Item Description** | **Qty** | **Date** | **Items Used** |
| **PERSONAL PROTECTIVE EQUIPMENT** | | **TOOLS /MISCELLANEOUS** | |  |  |  |
| 1 | Hand Sanitizer | 1 | EMS Shears |  |  |  |
| 2 | CPR barrier | 1 | Mini Tweezers |  |  |  |
| 2 | Biohazard bag | 2 | Splinter removers |  |  |  |
| 5 | Nitrile Gloves (pairs) |  |  |  |  |  |
|  | |  |  |  |  |  |
| **OFFICE** | |  |  |  |  |  |
| 5 | Incident/Accident Reports |  |  |  |  |  |
| 1 | Ink pen |  |  |  |  |  |
| 1 | Pencil |  |  |  |  |  |
| 1 | Permanent Marker |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **WOUND CARE** | | **PROGRAM KITS**  **NOT LOCATED IN FACILITY-BASED KITS** | |  |  |  |
| 1 | 2” Adhesive Tape | 1 | Epi-Pen |  |  |  |
| 1 | Abdominal Pad 5x9 | 10 | Ibuprofen-200mg |  |  |  |
| 2 | Elastic Gauze Bandage Rolls | 5 | Antihistamine-25mg |  |  |  |
| 4 | Tefla Non Stick Pads | 5 | Aspirin-500 mg | ***NOTES*** | | |
| 4 | Gauze Sponge 4x4 | 5 | Antacid-500 mg |  | | |
| 5 | Flexible Knuckle Bandage | 1 | Hydrocortisone tube |
| 10 | Flex Fabric Strip (Band-Aids) | 1 | Glucose tube-15grams |
| 10 | Antibiotic Ointment (packets) |  |  |
| 10 | Alcohol prep pads |  |  |
|  |  |  |  |

**INSPECTION RECORD**

**KIT ID:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Inspection** | **Inspector Initials** | **Supplies Needed** | **Date of Re-Supply** | **Re-Supplier Initials** |
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