First Aid Kit Check

Monthly first aid kit check: contents present, in date, sealed and restocked, kit by kit.

Check

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Checked by *	

Kits

Kits 1

Kit location *	
Kit size *	☐ Small ☐ Medium ☐ Large ☐ Travel / vehicle
Kit clearly signed and accessible *	☐ Pass ☐ Fail ☐ N/A
Contents list present *	☐ Pass ☐ Fail ☐ N/A
Dressings and plasters stocked *	☐ Pass ☐ Fail ☐ N/A
Gloves present *	☐ Pass ☐ Fail ☐ N/A
Eye wash in date *	☐ Pass ☐ Fail ☐ N/A
Nothing out of date *	☐ Pass ☐ Fail ☐ N/A
Tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
Items restocked	

Kits 2

Kit location *	
Kit size *	☐ Small ☐ Medium ☐ Large ☐ Travel / vehicle
Kit clearly signed and accessible *	☐ Pass ☐ Fail ☐ N/A
Contents list present *	☐ Pass ☐ Fail ☐ N/A
Dressings and plasters stocked *	☐ Pass ☐ Fail ☐ N/A

Gloves present *	☐ Pass ☐ Fail ☐ N/A
Eye wash in date *	☐ Pass ☐ Fail ☐ N/A
Nothing out of date *	☐ Pass ☐ Fail ☐ N/A
Tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
Items restocked	

Kits 3

Kit location *	
Kit size *	☐ Small ☐ Medium ☐ Large ☐ Travel / vehicle
Kit clearly signed and accessible *	☐ Pass ☐ Fail ☐ N/A
Contents list present *	☐ Pass ☐ Fail ☐ N/A
Dressings and plasters stocked *	☐ Pass ☐ Fail ☐ N/A
Gloves present *	☐ Pass ☐ Fail ☐ N/A
Eye wash in date *	☐ Pass ☐ Fail ☐ N/A
Nothing out of date *	☐ Pass ☐ Fail ☐ N/A
Tamper seal intact *	☐ Pass ☐ Fail ☐ N/A
Items restocked	

Sign-off

Additional comments	
Checker name *	
Checker signature *	
Date signed *	_____ / _____ / _____

* Required