

FIRST AID KIT REFILL CHECKLIST OFFICE LOCATIONS

To: University Safety Office

Date Kit Checked: _____

From: _____

Dept. _____

Ext. _____

*** Please send supplies to: _____

❖ FIRST AID KIT LOCATION: Building: _____ Room: _____

☞ Kit Size: _____ Basic _____ Expanded _____ C.E.R.T. Backpack

☞ Kit Access:

- Is there a first aid sign posted directing persons to it? ____ Yes ____ No
- Is the location accessible by wheelchair? ____ Yes ____ No
- Is there another first aid kit on your floor or in your immediate vicinity? ____ Yes ____ No If yes, Where? _____
- Is there an AED in the Building? If yes, Where is it located? _____
- Are there employees in your area that are trained in CPR/AED? ____ Yes ____ No ____ Don't Know If yes, List those that you know about: _____

❖ RECORD THE AMOUNTS PRESENT IN THE KIT (no checkmarks please). The recommended amounts are in parenthesis following the item description.

BASIC FIRST AID KIT –

_____ Antiseptic wipes (6)
_____ Antibiotic wipes (2)
_____ Alcohol wipes (6)
_____ 3/4" X 3" adhesive bandages (10)
_____ 3/8" X 1-1/2" adhesive bandages (10)
_____ Butterfly wound closures (2)
_____ 2" X 4" elbow & knee bandage (1)
_____ Fingertip bandage (1)
_____ Knuckle bandage (1)
_____ 3" X 3" Sterile pads (4)
_____ 3/8" X 5 yd. bandage tape (1)
_____ Disposable exam gloves (2 pr.)
_____ Triangular bandage (1)
_____ Safety pin – Medium (1)
_____ First aid guide book (1)

BASIC EMERGENCY SUPPLIES –

_____ Flashlight (1)
_____ Flashlight battery size
_____ AA ____ C ____ D
_____ Radio
_____ Radio battery size
_____ 9V ____ AA ____ C ____ D
_____ Disposable camera (1)
_____ Current list of employees on your floor

Any additional items not listed above: _____
