

Form Number LLCF-069	Issue Date 01/01/11	Revision Date 01/15/25	Form Number LLCF-069
	First Aid Kit Inspection Form		

First Aid Supply	Amount	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Adhesive Bandage	16												
Adhesive Tape	1												
Antibiotic Application	10												
Antiseptic	10												
Breathing Barrier	1												
Burn Dressing (Gel Soaked)	1												
Burn Treatment	10												
Cold Pack	1												
Eye Covering (with means of attachment)	2												
Eye/Skin Wash	1 fl. Oz.												
First Aid Guide	1												
Hand Sanitizer	6												
Medical Exam Gloves	2 pair												
Roller Bandage (2")	1												
Roller Bandage (4")	1												
Scissors	1												
Splint	1												
Sterile Pad	2												
Tourniquet	1												
Trauma Pad	2												
Triangular Bandage	1												

Year: _____

Month	Signature	Date	Month	Signature	Date
JAN			JUL		
FEB			AUG		
MAR			SEP		
APR			OCT		
MAY			NOV		
JUN			DEC		