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| Form Number LLCF-069 | Issue Date 01/01/11 | Revision Date 01/15/26 | Form Number LLCF-069 |
| First Aid Kit Inspection Form | | | |

GIS Company Name: _____

| 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 | | |