

*This sample policy/procedure must be customized to fit the needs of your company. It must be integrated into other policies/procedures and processes as required. This is not meant to be used "as-is", but must be adapted to reflect your company needs and processes.*

**[insert company info here]**

This sample checklist can be customized to fit the needs of your company. Refer to *Regulation 1101 First Aid Requirements*, and determine what you need for your first aid station(s) and/or room(s). Once you have done that, simply add or delete from this list. Post it at your station(s)/room(s), in order to record inspections (must be completed, at minimum, quarterly).

The list below is based on section 10 of *Regulation 1101 First Aid Requirements*.

### First Aid Kit Inventory Inspection Checklist

<b>Date of Issue:</b>	
<b>Written by:</b>	<b>Date:</b>
<b>Reviewed by:</b>	<b>Date:</b>
<b>Approved by:</b>	<b>Date:</b>

Location:			
Date:		Inspected by:	

ITEM	REQUIRED	ON HAND	NEED	RECEIVED (date)
<b>AT THE STATION</b>				
Adhesive Dressings Individually Wrapped	48			
First Aid Logbook	1			
Valid First Aid Certificates of Responders				
WSIB Form 82	1			
<b>INSIDE THE KIT</b>				
Basin, preferably stainless steel	1			
Blankets	2			
Current Edition of St. John Ambulance Manual or equivalent	1			
Rolls of 1" Gauze Bandages	12			
Rolls of 2" Gauze Bandages	8			
Rolls of 4" Gauze Bandages	8			
Rolls of Adhesive Tape (1" wide)	2			

Rolls of Splint Padding	2			
Safety Pins	24			
Splints – Assorted sizes	1			
Sterile Gauze Pads 3" Square	48			
Sterile surgical pads, suitable for pressure dressings, individually wrapped	6			
Stretcher	1			
Triangular Bandages	12			

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name & Title (please print)

\_\_\_\_\_  
Name

Continuous Improvement Review Tracking		
Date of Review/Change	Notes	Name of Reviewer