First Aid Kit Inspection Checklist

Safety & Compliance

DATE	KIT LOCATION	KIT NO. / ID	INSPECTED BY
____ / ____ / _____			

KIT CONDITION & ACCESS

	OK	NOT OK		OK	NOT OK
Kit clearly marked with first aid symbol	○	○	Case / container in good condition	○	○
Kit accessible — not locked or blocked	○	○	Contents list inside kit	○	○

WOUND CARE

	OK	LOW	MISSING		OK	LOW	MISSING
Adhesive plasters (assorted)	○	○	○	Triangular bandages	○	○	○
Sterile wound dressings (medium)	○	○	○	Crepe / conforming bandages	○	○	○
Sterile wound dressings (large)	○	○	○	Sterile eye pads	○	○	○

PROTECTIVE & CLEANING

	OK	LOW	MISSING		OK	LOW	MISSING
Disposable gloves (pairs)	○	○	○	Antiseptic wipes	○	○	○
Face shield / pocket mask	○	○	○	Saline eye wash	○	○	○

	OK	MISSING
Scissors	○	○
Tweezers	○	○

	OK	LOW	MISSING
Safety pins	○	○	○
Clinical waste bag	○	○	○

SPECIALIST ITEMS (IF STOCKED)

Burn dressing / gel ☐ OK ☐ Low ☐ Missing ☐ N/A

	OK	MISSING	N/A
Foil blanket	○	○	○
Tourniquet	○	○	○
Instant cold pack	○	○	○

EXPIRY & RESTOCK

All items within expiry date ☐ Yes ☐ No — items replaced

Items replaced this inspection

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Kit fully stocked ☐ Yes ☐ No — items on order

Inspector signature _____

Next inspection date _____

Notes

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