

First Aid Kit Monthly Inspection Form

Facility: _____

First Aid Kit Location: _____

Additional Information

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| Note 1: Inspect each first aid kit on a monthly basis. |
| Note 2: Replenish items as needed. Check to ensure items are clean and have not passed the expiration date. |
| Note 3: Use a separate inspection form for each first aid kit. |
| Note 4: You may NOT have any items in your kit that are not listed on the first aid content list (content list is provided with the kit). |
| Note 5: First aid contents must be stored in the first aid kit container to ensure the contents remain sterile and sanitary as the container is designed to withstand conditions of weather, dust, dirt and other foreign matter. |
| Note 7: Name must be legible for record keeping purposes. |
| Note 7: When the form is completed, scan and e-mail the completed form to the Safety Department. |

Inspected By	Inspection Date	Inspected By	Inspection Date

Comments: