

First Aid Kit Inspection

Check that first aid supplies are stocked, in date and stored correctly. Quick monthly checks to ensure kits are ready when needed.

Title: _____

Severity: _____ Site: _____

Date / Time: _____ Completed by: _____

Inspection Details

1 Date of inspection *

2 Location of first aid kit

3 Kit reference or number

4 Inspection type

Routine monthly check

Quarterly inspection

After use

Annual review

Kit Information

5 Kit type

- Small workplace kit Medium workplace kit Large workplace kit Travel kit
 Vehicle kit Burns kit Personal kit Other
-

6 Number of employees covered

7 Kit suitable for workplace risks

- Yes No N/A
-

8 Kit location clearly signed

- Yes No N/A
-

9 Kit easily accessible

- Yes No N/A
-

10 Kit container in good condition

- Yes No N/A
-

11 Kit container clean and dry

- Yes No N/A

Dressings and Bandages

12 Sterile wound dressings small quantity

13 Sterile wound dressings medium quantity

14 Sterile wound dressings large quantity

15 Eye pad dressings quantity

16 Triangular bandages quantity

17 Crepe bandages quantity

18 Finger dressings quantity

19 Notes

Plasters and Wound Closure

20 Assorted plasters quantity

21 Blue detectable plasters quantity

22 Butterfly closures quantity

23 Micropore tape present

Yes

No

N/A

24 Notes

Cleaning and Hygiene

25 Sterile saline pods quantity

26 Antiseptic wipes quantity

27 Alcohol-free cleansing wipes quantity

28 Disposable gloves pairs quantity

29 Gloves in date

Yes

No

N/A

30 Aprons present

Yes

No

N/A

31 Clinical waste bags present

Yes

No

N/A

32 Hand sanitiser present

Yes

No

N/A

33 Notes

Tools and Accessories

34 Scissors present

Yes

No

N/A

35 Tweezers present

Yes

No

N/A

36 Safety pins quantity

37 Foil blanket present

Yes

No

N/A

38 Resuscitation face shield present

Yes

No

N/A

39 Burn gel sachets quantity

40 Burn dressings present

Yes

No

N/A

41 Instant cold pack present

Yes

No

N/A

42 Notes

Documentation

43 First aid guidance leaflet present

Yes

No

N/A

44 Contents list present

Yes

No

N/A

45 Accident book or forms nearby

Yes

No

N/A

46 First aider contact details displayed

Yes

No

N/A

47 Comments on documentation

Expiry Dates

48 All items within expiry date

Yes

No

N/A

49 Nearest expiry date

50 Items found expired

51 Expired items removed

Yes

No

N/A

Additional Items

52 Eye wash station nearby if required

Yes

No

N/A

53 Eye wash in date

Yes

No

N/A

54 Eye wash expiry date

55 AED nearby if applicable

Yes

No

N/A

56 AED location

57 Other specialist items present

58 Notes

Condition Assessment

59 All items in good condition

Yes

No

N/A

60 Packaging intact and sealed

Yes

No

N/A

61 No contamination or damage

Yes

No

N/A

62 Items organised and easy to find

Yes

No

N/A

63 Overall kit condition *

Fully stocked and compliant

Minor items missing

Restocking required

Kit needs replacing

Actions Required

64 Actions identified

65 Person responsible for restocking

66 Target completion date

67 Follow-up inspection required

Yes

No

N/A

68 Follow-up date

Usage Since Last Inspection

69 Kit used since last inspection

Yes

No

N/A

70 Number of times used

71 Items used

72 Related incident reports

Sign-off

73 Additional comments

74 Photo of kit contents

Attach file here

75 Photos of any issues

Attach file here

76 Inspector signature *

Signature

77 Date *
