**First aid Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Project name |  | Date |  |
| Engineer in charge |  | Day |  |
| Safety officer |  | Rep. # |  |

**First aid kit check:**

**Address kit location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Item of Kit | Quantity | Status\* |
| 1 | leaflet giving general guidance on first aid |  |  |
| 2 | Individually wrapped sterile plasters |  |  |
| 3 | Sterile eye pads |  |  |
| 4 | Individually wrapped triangular bandages |  |  |
| 5 | Safety pins |  |  |
| 6 | Large, sterile, unmedicated wound dressings |  |  |
| 7 | Medium, sterile, unmedicated wound dressings |  |  |
| 8 | Disposable gloves |  |  |
| 9 | Other (describe : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |
| 10 | Other (describe : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

\*In description above state if any defects show on any element of the above, any defect results in ⌧, if no defects at the element check by 🗹.

**Remarks by safety officer:**

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**Remarks by Project engineer:**

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| --- | --- | --- |
| Project Engineer | Safety officer | Employee |
|  |  | Name: |
|  |  | Date: |
|  |  | Signature: |

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