First Aid Box Inspection Checklist

Use this form to document first aid box inspections. Ensure supplies are available, in-date, and accessible.

Facility/Department:	Location:	
Inspection Date (YYYY-MM-DD):	Inspector Name:	
Supervisor Sign-Off:	Frequency (w eekly/monthly)	

Inspection Items

Category	Inspection Item	Yes	No	N/A	Notes / Corrective Action
General Condition	First aid box is clean, dry, intact, and clearly labeled				
General Condition	Box located in an accessible, well-marked area				
Documentation	Inspection tag/card attached and updated				
Documentation	List of contents posted inside the box				
Supplies & Stock	Sterile gauze pads and adhesive bandages available and in-date				
Supplies & Stock	Antiseptic wipes/solution present and not expired				
Supplies & Stock	Burn ointment or hydrogel dressing available				
Supplies & Stock	Triangular and roller bandages stocked				
Supplies & Stock	Scissors, tweezers, and safety pins present				
Supplies & Stock	Disposable gloves and face masks available	•			
Supplies & Stock	Pain relievers (generic, as permitted) present and not expired				
Supplies & Stock	Antihistamines (generic, as permitted) available	•			
Supplies & Stock	Thermometer present and functional				
Supplies & Stock	CPR face shield/barrier device available	•			
Supplies & Stock	Emergency contact numbers and first aid manual included				
Expiry Management	All medicines checked for expiry dates	•			
Expiry Management	Expired or damaged items replaced immediately				
Accessibility	Box unobstructed, visible, and easy to open				
Accessibility	Workers aware of box location and trained in use				

Corrective Actions Log

Issue / Hazard	Risk (H/M/L)	Responsible	Target Date	Closed (Y/N)

Inspector Signature:	Date:	Supervisor Signature:	Date:	
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