



First Aid Kit Inspection & Restock

Kit Contents - Visual Inspection

Check for obvious signs of damage, expiration dates, and overall condition of items. Note anything missing or unusable.

General Condition Notes

Write something...

Container Integrity

- ☐ No Damage
- ☐ Minor Damage (e.g., scratches)
- ☐ Significant Damage (e.g., cracked, broken latch)

Contents Disarray

- ☐ Organized
- ☐ Somewhat Disorganized
- ☐ Very Disorganized

Quantity of Bandage Strips

Enter a number...

Quantity of Gauze Pads

Enter a number...

Presence of Spills/Contamination

- ☐ No Spills
- ☐ Minor Spill (Wiped Clean)
- ☐ Significant Spill/Contamination - Requires Cleaning

Any Other Observations

Write something...

Expiration Date Check

Verify expiration dates on all medications, sterile supplies, and other time-sensitive items. Replace expired items immediately.

Expiration Date of Adhesive Bandages (Small)

Enter date...

Expiration Date of Adhesive Bandages (Large)

Enter date...

Expiration Date of Antiseptic Wipes

Enter date...

Expiration Date of Burn Cream/Gel

Expiration Date of Sterile Saline Solution

Quantity of Aspirin/Pain Relievers (if applicable)

Expiration Date of Topical Anesthetic (e.g., lidocaine)

Restocking - Replenishing Supplies

Restock items consumed or expired. Use appropriate replenishment quantities based on usage patterns.

Band-Aids (Various Sizes)

Sterile Gauze Pads (Multiple Sizes)

Adhesive Tape (Roll)

Antiseptic Wipes

Pain Relievers (e.g., Ibuprofen, Acetaminophen)

Burn Cream/Gel

Gloves (Non-Latex)

CPR Mask

Kit Accessibility & Placement

Ensure the kit is easily accessible to authorized personnel and clearly marked. Verify proper signage is present.

Kit Location

 [Set My Current Location](#)



Is the kit easily accessible?

- ☐ Yes
- ☐ No
- ☐ Partially

Is the kit clearly marked with appropriate signage?

- ☐ Yes
- ☐ No
- ☐ Needs Improvement

Obstacles to Accessibility (if applicable)

Write something...

Distance to Kit from Designated Response Point (feet/meters)

Enter a number...

Last Relocation/Adjustment Date (if applicable)

Enter date...

Documentation & Record Keeping

Record the inspection date, items restocked, and any issues found. Maintain inspection logs.

Inspection Date

Enter date...

Inspection Time

Inspector's Name

Write something...

Detailed Notes / Observations

Write something...

Quantity of Bandages Restocked

Enter a number...

Quantity of Antiseptic Wipes Restocked

Enter a number...

Kit Location Verified

☐ Yes

☐ No

Inspector's Signature

Special Considerations (Hospitality Specific)

Address specific needs related to a hospitality setting, such as burns from kitchen equipment or injuries from housekeeping duties. Review Incident reports for common injuries.

Review recent incident/accident reports. Note common injuries requiring first aid.

Write something...

Are burn treatment supplies (e.g., burn cream, hydrogel dressings) adequate for kitchen environments?

- ☐ Yes
- ☐ No - Restock Required
- ☐ Unsure - Consult Safety Manager

Quantity of hypoallergenic wipes/cleansers (important for guest sensitivities)

Enter a number...

Is there a readily available eyewash station near food preparation areas?

- ☐ Yes
- ☐ No - Report & Request Installation

Note any specific hazards identified in kitchen, housekeeping, or pool areas (e.g., slippery floors, chemical storage).

Write something...

Date of last chemical spill incident (if applicable)

Enter date...

Are gloves (various sizes) available for housekeeping and maintenance staff?

- ☐ Yes
- ☐ No - Restock Required