




# First Aid Kit Inventory And Restock Checklist

 Show only Checklist

Display Style  
Default 

## Kit Identification & Location

Ensures the kit is easily identifiable and its location is known to all personnel.

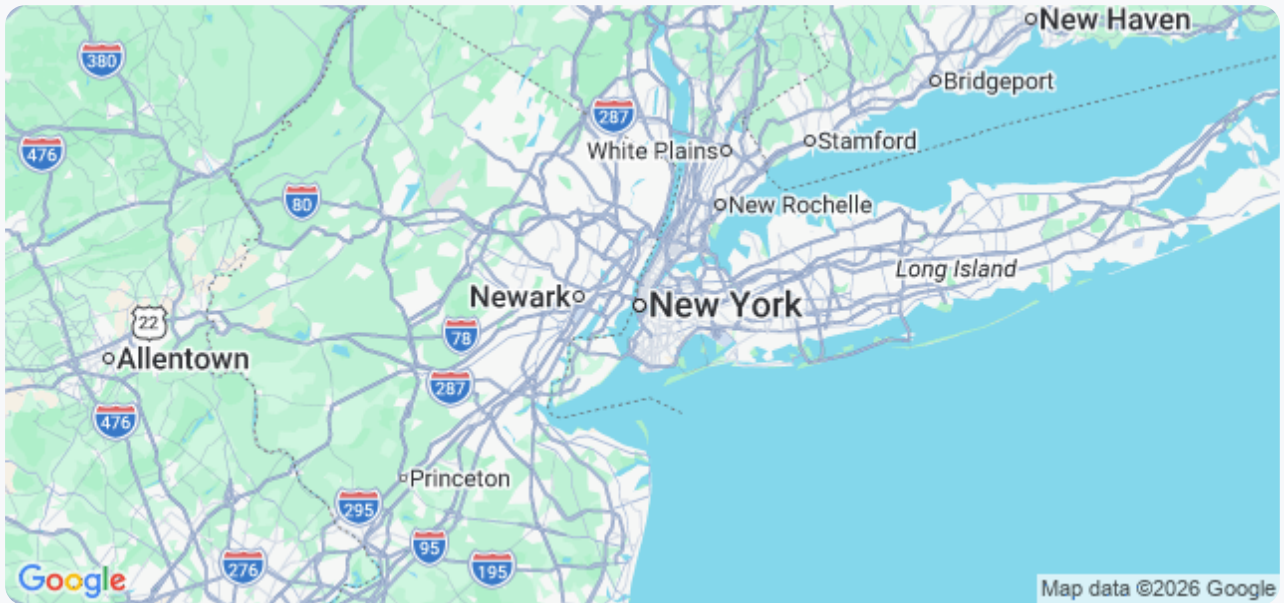


## Kit Label (e.g., 'Farm First Aid Kit')

Write something...

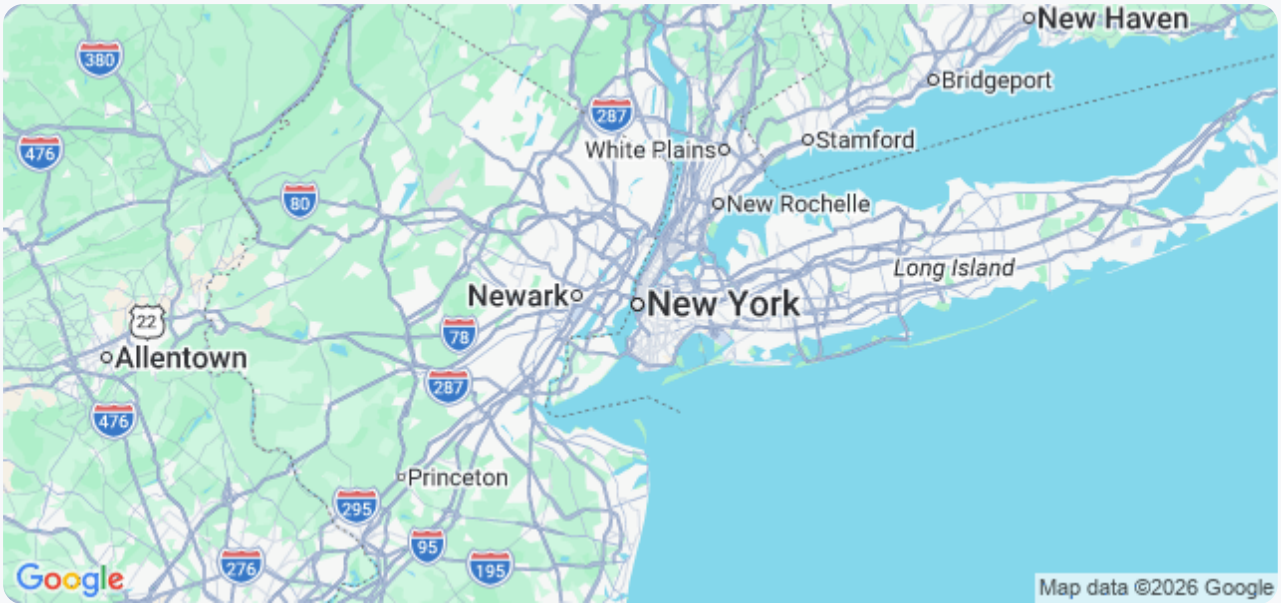
## Primary Kit Location

 [Set My Current Location](#)



**Secondary/Mobile Kit Location (if applicable)**

 [Set My Current Location](#)



**Contact Person Responsible for Kit Maintenance**

Write something...

**Date of Last Kit Location Check**

Enter date...

**Kit ID Number (if applicable)**

Enter a number...

# Inventory - General Supplies

Checking and restocking common first aid supplies.

## Bandages - Adhesive (assorted sizes)

## Gauze Pads (various sizes)

## Medical Tape

## Antiseptic Wipes

## Sterile Gloves (non-latex)

### **Triangular Bandages**

### **Safety Pins**

### **Scissors (small, sharp)**

## **Inventory - Agricultural Hazard Specifics**

Focuses on supplies needed for injuries common in agricultural environments (e.g., chemical exposure, animal bites).

### **Quantity of Chemical Burn Gel**

### **Quantity of Eye Wash Solution (Flush Bottles)**

### Type of Eye Protection (Safety Goggles, Face Shield)

- Safety Goggles
- Face Shield
- Both

### Potential Animal Bite Considerations (Select all that apply)

- Antibacterial Wipes
- Gloves (Heavy-Duty)
- Tetanus Booster Information
- Pressure Bandage

### Specific Pesticide Exposure Protocol (Reference Guide)

Write something...


### Notes on Recent Exposure Incidents (if any)

Write something...

### Availability of Antivenom (if applicable)

- Available
- Not Applicable
- Unknown

### SDS (Safety Data Sheet) for Common Chemicals (Optional)

 Upload File

# Expiration Date Checks

Verifies expiration dates of all medications and sterile supplies.

## Check Expiration Dates on Bandages & Gauze

## Check Expiration Dates on Antiseptic Wipes/Solution

## Check Expiration Dates on Topical Antibiotic Ointment

## Check Expiration Dates on Pain Relievers (if applicable)

## Check Expiration Dates on Burn Cream/Gel

### Number of Expired Items Found (Total)

### Notes on specific items needing replacement (reason for replacement)

## Restocking & Ordering

Identifying items needing replacement and initiating the reordering process.

### Quantity of Bandages Needed (estimate)

### Quantity of Antiseptic Wipes Needed

### Quantity of Pain Relievers Needed (e.g., Ibuprofen)

### Quantity of Burn Cream Needed

Enter a number...

### Supplier for Restock?

- Existing Supplier A
- Existing Supplier B
- New Supplier Research Required

### Notes on Potential Supplier Changes

Write something...

### Date of Next Restock Order

Enter date...

### Order Number (if applicable)

Write something...

### Special Instructions for Ordering (e.g., specific brands)

Write something...

## Documentation & Training

Records of inventory checks and ensures personnel are trained in first aid and kit use.

**Date of Last Inventory Check**

Enter date...

**Date of Next Scheduled Inventory Check**

Enter date...

**Notes on Inventory Status/Issues**

Write something...

**Number of Personnel Trained in First Aid**

Enter a number...

**Date of Last First Aid Training**

Enter date...

### **Type of First Aid Training Provided**

- Basic First Aid
- CPR/AED
- Chemical Exposure Response
- Animal Bite Response

### **Summary of Training Content/Updates**

Write something...

### **Signature of Person Completing Inventory & Training Verification**

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