



First Aid Station Inspection Checklist (Monthly)

General Station Accessibility & Condition

Ensures the first aid station is easily accessible and free from obstructions, and generally maintained in good order.

Is the First Aid Station Easily Accessible?

- ☐ Yes
- ☐ No

Are pathways to the station clear of obstructions?

- ☐ Yes
- ☐ No

Approximate distance from a highly visible, accessible location (feet/meters)

Enter a number...

Is the station protected from environmental factors (e.g., extreme heat/cold)?

- ☐ Yes
- ☐ No
- ☐ N/A

Describe any observed issues with the station's physical condition (damage, disrepair, etc.):

Write something...

Is the station clean and tidy?

☐ Yes

☐ No

First Aid Kit Contents - Quantity & Expiration Dates

Verification of sufficient supplies and that all items are within their expiration dates.

Bandages (Adhesive) - Quantity

Enter a number...

Bandages (Adhesive) - Expiration Date

Enter date...

Sterile Gauze Pads (Various Sizes) - Quantity

Enter a number...

Sterile Gauze Pads - Expiration Date

Enter date...

Antiseptic Wipes - Quantity

Antiseptic Wipes - Expiration Date

Medical Tape - Quantity

Medical Tape - Expiration Date

Gloves (Non-Latex) - Quantity

Gloves (Non-Latex) - Expiration Date (if applicable)

Emergency Contact Information & Procedures

Confirms readily available contact details and clear instructions for emergencies.

Emergency Contact Name (First Aid Coordinator)

Emergency Contact Phone Number (First Aid Coordinator)

Enter a number...

Local Emergency Services Phone Number (e.g., 911 or local equivalent)

Write something...

Brief Description of Emergency Procedures (e.g., Reporting injuries, evacuation routes)

Write something...

Is contact information clearly posted near the First Aid Station?

☐ Yes

☐ No

☐ N/A

Date Contact Information was last reviewed/updated

Enter date...

First Aid Signage & Location

Checks for adequate and visible signage indicating the location of the first aid station.

Is the first aid station clearly marked with signage?

- ☐ Yes
- ☐ No
- ☐ N/A - No Station Present

Signage visible from a reasonable distance?

- ☐ Yes
- ☐ No
- ☐ N/A

Description of signage (e.g., color, size, wording)

Write something...

Exact Location of First Aid Station (GPS Coordinates or Detailed Description)

 [Set My Current Location](#)



Is the station accessible without obstructions?

- ☐ Yes
- ☐ No
- ☐ N/A

Record Keeping (Usage Log, Inspections)

Verifies proper records are maintained for first aid usage and inspection dates.

Date of Last Inspection

Enter date...

Inspection Counter (Sequential Number)

Enter a number...

Details of any issues found and corrective actions taken

Write something...

Inspection Completed by (Name/Role)

- ☐ Manager
- ☐ Designated First Aider
- ☐ Safety Officer

Date of Last First Aid Usage

Enter date...

Description of Injury/Illness (if applicable)

Write something...