

## Contents Check of First Aid Box

Location of First Aid Box: _____						
Contents	Quantity	Dates of Check				
Individually wrapped sterile wound dressings, unmedicated, extra large	3					
Individually wrapped sterile wound dressings, unmedicated, large	2					
Individually wrapped sterile wound dressings, unmedicated, medium	6					
Individually wrapped triangular bandages	6					
Individually wrapped sterile adhesive dressings, unmedicated, various sizes	20					
Sterile eye pads + attachments	2					
Safety pins	6 minimum					
Specialist equipment (identify):	as appropriate					
Instruction Card	1					
ABSENCE OF ALL DRUGS & MEDICATIONS						
<i>Checked by (signature):</i>						
<p><b>KEY TO COMPLETION:</b></p> <p>✓ = all contents checked and found to be complete and in a satisfactory condition</p> <p>X = some / all items replaced or renewed</p> <p>Comments regarding contents check should be made on the reverse of this form, and signed and dated</p>						