



Employer Master First Aid Binder



Health and Safety Officer

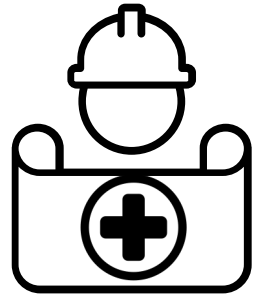
Name: _____

Phone #: _____

Company: _____



Contents:



- Ontario workplace first aid requirements

- Copy of Regulation 1101
 - Print <https://www.wsib.ca/sites/default/files/documents/2019-01/faeng.pdf>

- Important Numbers

- Employer Workplace Injury Plan

- In case of injury or illness at work from 82

- Master First Aid Certifications
 - Copy of Workers First Aid Certifications
 - ✓ Check expiry (3 year period)

- Master First Aid Kit list

- First Aid Kit Inspection Forms

- First Aid Incident Forms



Ontario Workplace First Aid WSIB Reg 1101/CSA Z1220-17 Requirements 2023

First Aid Training: (Appendix A)

Minimum requirements # employees per worksite:

- 1-5 employees per worksite = **Emergency First Aid**
- > 6 employees per worksite = **Standard First Aid**



Canadian Red Cross

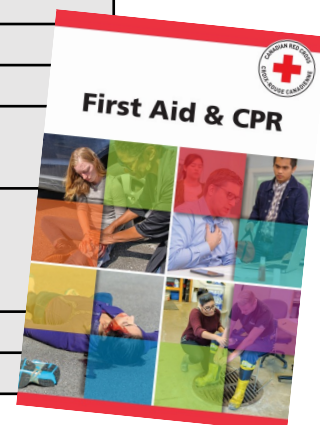
Training Partner

Book a course

Hardandfastcpr.com

Emergency First Aid Level A	Standard First Aid Level C
<p>(Appendix B)</p>	<p>(Appendix C)</p>

100% in class option	6.5 hours	14 hours
Blended option (in class + online)	3 hours in class + Online	7 hours in class + Online
Certification period	3 years	3 years
Recertification (1 time per full certification)	4 hours in class	7.5 hours in class
Content covered		
The Red Cross	✓	✓
Preparing to respond	✓	✓
The EMS system	✓	✓
Check, Call, Care (patient assessment)	✓	✓
Airway, Breathing, and Circulatory emergencies	✓	✓
CPR Adult	✓	✓
Automated External Defibrillator (AED)	✓	✓
Wound care	✓	✓
CPR Child and Infant	✗	✓
Head, neck and spinal injuries	✗	✓
Bone, Muscle and Joint injuries	✗	✓
Sudden medical emergencies	✗	✓
Environmental illnesses	✗	✓
Poisons	✗	✓



Ontario Workplace First Aid

WSIB Reg 1101/CSA Z1220-17 Requirements 2023



First Aid Kits:

- 3 levels of First Aid Kits
- # of First Aid kits based on # employees + # worksites.
- ✓ All supplies latex free
- ✓ Case water/Dust resistant, organized, portable, visible and easily identifiable.

Personal First Aid kit: Level 1 (Appendix D)



- 1 per employee working in isolation:
- Ex: Single employee retail, vehicles, remote sites, heavy equipment cabin

Basic First Aid Kit: Level 2 (Appendix E)



- Low risk of injury and low probability of injury
- Ex: Retail, hotel lobby, restaurant, tradeshow booth, market booth, cleaning company, legal office, bank, pet grooming, vet clinic
- 2-25 employees per work site = 1 First Aid Kit

Intermediate First Aid Kit: Level 3 (Appendix F)



- Moderate to high risk of injury
- Ex: Construction, heavy machinery, snow clearing, landscaping, property management, vehicle with multiple employees, bus operations, pharmacy, health clinic/laboratory
- 2-25 employees per work site = 1 First Aid Kit



Optional Extra First Aid supplies based on workplace needs:

- Eye wash, stretcher, AED, Vehicle Labels, forms, tamper tags, etc.

First Aid Station: 1 per worksite

- Visible in building or in worksite vehicle
- First Aid Kit
- Binder with documents:
 - First Aid Kit Inspection checklist: (Appendix D, E, F)
 - ✓ Contents for quantities, damage, and expiry
 - ✓ Complete every 3 months (recommended monthly)
 - Copy of First aiders on site certifications (Appendix G)
 - Copy of *In Case of Injury* poster form 82 (Appendix H)
 - Accident report forms (Appendix I)
 - Emergency and Supervisor contact* (Appendix J)



First Aid Kits + Supplies



Wildmedkits.ca



IMPORTANT NUMBERS



Emergency Numbers	Other:	Supervisor Contact
Ambulance, Fire, Police: 9-1-1 OPP Non-Emergency #: 1 888 310-1122	_____ #: _____	Supervisor 1: _____ #: _____
CN Railway Emergency: 1-800-465-9239	_____ #: _____	Supervisor 2: _____ #: _____
Enbridge Gas Emergency: 1-866-763-5427	_____ #: _____	Supervisor 3: _____ #: _____
Hydro One Electric Emergency: 1-800-434-1235	_____ #: _____	_____ #: _____
Poison Control Center: 1-800-268-9017 or 416-813-590	_____ #: _____	_____ #: _____
Crisis Lines Canada 24/7	_____ #: _____	_____ #: _____
Talk Suicide Canada: 1-833-456-4566 Kids Help Phone: 1-800-668-6868	_____ #: _____	_____ #: _____



Employer Workplace Injury Plan

1. First Aid and Transfer to health care services:

- Ensure First Aid provided on site
- Call Emergency Services 9-1-1 if emergency
- If non-emergent organize assist with access to health care provider
- Receive copy of first aid incident form from first aider onsite of incident

2. WSIB Forms:

- Have injured worker complete (**Form 6**) *Worker's report of injury/disease*
- Employer completes (**Form 7**) *Employer's report of injury/disease*
 - Complete and submit within 3 calendar days of learning of incident
 - Provide copy of form 7 to worker
 - Submit form 7 to WSIB (can be submitted online @ wsib.on.ca)

3. Pay employee:

- Pay full wages and benefits for the day or shift the injury occurred on
- Provide *Functional Abilities (Form 2647)* to workers health care provider (ensure worker signed consent to release)
- Cooperate in the return to work plan

References:

- ❖ First Aid Requirements: Regulation 1101, WSIB Ontario
<https://www.wsib.ca/sites/default/files/documents/2019-01/faeng.pdf>
- ❖ *WSIB Submitting an injury or illness report: A guide for people with workplace injuries/illnesses*
<https://www.wsib.ca/en/submitting-injury-or-illness-report-0>
- ❖ *WSIB Forms: Injured or ill people*
<https://www.wsib.ca/en/forms>
- ❖ *(Form 6) Worker's report of injury/disease*
https://www.wsib.ca/sites/default/files/2022-01/0006a_workersreportofinjury_english.pdf
- ❖ *(Form 7) Employer's report of injury/disease*
https://wsib-form-7.com/?keyword=&campaignid=19933767733&adgroupid=&gad_source=1&gclid=Cj0KCQiAmNeqBhD4ARIsADsYfTd9HXj9BjrqPLr0bz2p6kv16VDbPMbu_XFbUB_ClkIFm6LBWnA45UcaAjOiEALw_wcB
- ❖ *(Form 2647) Functional Abilities*
<https://www.wsib.ca/sites/default/files/2021-04/faf2647a.pdf>

In case of injury or illness at work



1

Get medical help

Your employer is responsible for providing first aid. See a doctor or go to a hospital if you need treatment. Your employer pays for your transportation on the day of injury.



2

Document

Tell your employer about your injury or illness. They investigate and keep a record of what happened.



3

Report to the WSIB

You can scan the QR code below or visit wsib.ca/reporting and follow the steps to submit a Worker's Report of Injury/Illness (form 6). Your employer must report an injury or illness to us within three days.



4

Work together

We work with you and your employer to help you recover and return to work safely, at the right time.

Scan the QR code or visit wsib.ca/reporting to submit a Worker's Report of Injury/Illness (form 6).



Questions? We're here to help.

Sign up for our online services to send us a message anytime, anywhere, or call us at 1-800-387-0750 or TTY: 1-800-387-0050.

Visit wsib.ca/online-services for details.

wsib
ONTARIO

Master First Aid Certifications



First Aider Name	Level of First Aid	Certification Date (D/M/Y)	Expiry Date (D/M/Y)
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

Book First Aid Training




Hardandfastcpr.com



Master First Aid Kit list



Year: _____



Kit #: _____

Location: _____	Jan	Feb	Mar	Apr	May	Jun
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
First Aid Station Binder	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
Incident forms	___of 5	___of 1	___of 1	___of 1	___of 1	___of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Kit #: _____

Location: _____	Jan	Feb	Mar	Apr	May	Jun
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
First Aid Station Binder	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
Incident forms	___of 5	___of 1	___of 1	___of 1	___of 1	___of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Kit #: _____

Location: _____	Jan	Feb	Mar	Apr	May	Jun
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
First Aid Station Binder	___of 1	___of 1	___of 1	___of 1	___of 1	___of 1
Incident forms	___of 5	___of 1	___of 1	___of 1	___of 1	___of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist

- ✓ Check with each work site monthly
- ✓ First Aid kit inspected complete and in good condition
- ✓ First Aid station binder present, complete and in good condition
- ✓ First Aider certification current and valid



Health and Safety Officer: _____	Signature: _____	Initials: _____
Phone # (____) _____ - _____	Email: _____	



Master First Aid Kit list



Year: _____



Kit #: _____

Location: _____	Jul	Aug	Sep	Oct	Nov	Dec
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aid Station Binder	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Incident forms	___ of 5	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Kit #: _____

Location: _____	Jul	Aug	Sep	Oct	Nov	Dec
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aid Station Binder	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Incident forms	___ of 5	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Kit #: _____

Location: _____	Jul	Aug	Sep	Oct	Nov	Dec
Monthly Inspection Completed	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Kit Type: 1 2 3	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aid Station Binder	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Incident forms	___ of 5	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
First Aider Name: _____	Phone #: _____		Certification Expiry M/Y: ____/____/____			
Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist

- ✓ Check with each work site monthly
- ✓ First Aid kit inspected complete and in good condition
- ✓ First Aid station binder present, complete and in good condition
- ✓ First Aider certification current and valid



Health and Safety Officer: _____	Signature: _____	Initials: _____
Phone #(____) _____ - _____	Email: _____	



Personal First Aid Kit: Type 1 Monthly Inspection Form



Kit #: _____

Year: _____

Item	Jan	Feb	Mar	Apr	May	Jun
EMERGENCY						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
PERSONAL PROTECTIVE EQUIPMENT						
*Nitrile Glove (Pair)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Hand cleansing towelette	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
BONE, MUSCLE, JOINT INJURY						
Triangular bandage	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
REFERENCE/STATIONARY						
*First aid basics card	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
*Gauze Pad 4"x4" (2/pack)	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab (expired?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Antibiotic Ointment (expired?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Earliest expiry date (M/Y)	/	/	/	/	/	/
*Tamper Tag #						
Inspector Initials						
Date Inspected (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



Print new copy of form:
wildmedkits.ca/pages/WFAK checklist



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



Personal First Aid Kit: Type 1 Monthly Inspection Form



Kit #: _____

Year: _____

Item	Jul	Aug	Sep	Oct	Nov	Dec
EMERGENCY						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
PERSONAL PROTECTIVE EQUIPMENT						
*Nitrile Glove (Pair)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Hand cleansing towelette	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
BONE, MUSCLE, JOINT INJURY						
Triangular bandage	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
REFERENCE/STATIONARY						
*First aid basics card	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
*Gauze Pad 4"x4" (2/pack)	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3	___ of 3
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab (expired?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Antibiotic Ointment (expired?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Earliest expiry date (M/Y)	/	/	/	/	/	/
*Tamper Tag #						
Inspector Initials						
Date Inspected (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__


 Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



WILDMEDKITS.CA

Basic First Aid Kit: Type 2 Monthly Inspection Form:



Kit #: _____



Year: _____

Item	Jan	Feb	Mar	Apr	May	Jun
EMERGENCY						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
PERSONAL PROTECTIVE EQUIPMENT						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
BONE, MUSCLE, JOINT INJURY						
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
REFERENCE/STATIONARY						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
FABRIC BANDAGES/TWEEZERS						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
*Gauze Pad 4"x4" (2/pack)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Earliest expiry date (M/Y)	/	/	/	/	/	/
*Tamper Tag number						
Inspector Initials						
Date Inspected (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



WILDMEDKITS.CA

Basic First Aid Kit: Type 2 Monthly Inspection Form:



Kit #: _____



Year: _____

Item	Jul	Aug	Sep	Oct	Nov	Dec
EMERGENCY						
Compress Dressing 4"x4"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
PERSONAL PROTECTIVE EQUIPMENT						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
BONE, MUSCLE, JOINT INJURY						
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
REFERENCE/STATIONARY						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
FABRIC BANDAGES/TWEEZERS						
Fabric bandage ¾"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
*Gauze Pad 4"x4" (2/pack)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Non-adherent Gauze 3"x5"	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Earliest expiry date (M/Y)	/	/	/	/	/	/
*Tamper Tag number						
Inspector Initials						
Date Inspected (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



- ✓ Check items for damage and expiry date
 - ✓ If previous tamper seal intact note number and sign off month
 - ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



Intermediate First Aid Kit: Type 3 Monthly Inspection Form:



Kit #: _____

Year: _____

Item	Jan	Feb	Mar	Apr	May	Jun
EMERGENCY						
CAT Gen 7 Tourniquet	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 6"x6"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 4"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Glucose Tabs (expiry?)	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
PERSONAL PROTECTIVE EQUIPMENT						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
BONE, MUSCLE, JOINT INJURY						
*Mouldable padded splint 36"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Elastic wrap 3"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Instant cold pack (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
REFERENCE/STATIONARY						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Permanent marker	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
FABRIC BANDAGES/TWEEZERS						
Fabric bandage 3/4"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
Gauze Pad 4"x4" (2/pack)	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9
Non-adherent Gauze 3"x5"	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Eye shield with strap	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Eye pad	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab (expiry?)	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment (expiry?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Waterjel burn gel packet (expiry?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Summary						
Earliest expiry date (M/Y)	/	/	/	/	/	/
*Tamper Tag number						
Inspector Initials						
Date Inspected (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



Intermediate First Aid Kit: Type 3

Monthly Inspection Form:



Kit #: _____

Year: _____

Item	Jul	Aug	Sep	Oct	Nov	Dec
EMERGENCY						
CAT Gen 7 Tourniquet	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 6"x6"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Compress Dressing 4"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
CPR face-shield	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Trauma Shears	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Emergency Blanket	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Glucose Tabs (expiry?)	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
PERSONAL PROTECTIVE EQUIPMENT						
Nitrile Glove (Pair)	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Hand cleansing towelette	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
Biohazard Disposal bag	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
BONE, MUSCLE, JOINT INJURY						
*Mouldable padded splint 36"x4"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Triangular bandage	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Elastic wrap 3"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Instant cold pack (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
REFERENCE/STATIONARY						
*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Incident report form	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
*Pencil	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Permanent marker	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Tamper tags	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Contents List	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
FABRIC BANDAGES/TWEEZERS						
Fabric bandage 3/4"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
Fabric bandage knuckle	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage fingertip	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Fabric bandage large	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5	___ of 5
Splinter tweezers	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
GAUZE/DRESSINGS						
Gauze Pad 4"x4" (2/pack)	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9	___ of 9
Non-adherent Gauze 3"x5"	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4	___ of 4
Abdominal Trauma pad 5"x9"	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 2"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Roller Gauze 4"x2yrd	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
Eye shield with strap	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Eye pad	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Tape 1" Roll	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
WOUND CLEANSING						
Antiseptic BZK Swab (expiry?)	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25	___ of 25
Antibiotic Ointment (expiry?)	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6	___ of 6
*Saline eye/wound wash 110ml (expiry?)	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
*Waterjel burn gel packet (expiry?)	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2	___ of 2
Summary						
Earliest expiry date (M/Y)	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
*Tamper Tag number	_____	_____	_____	_____	_____	_____
Inspector Initials	_____	_____	_____	_____	_____	_____
Date Inspected (D/M/Y)	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___



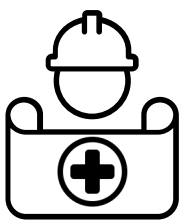
Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- *Items exceed minimum CSA Standard Z1220-17

Supervisor: _____ #: _____

Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____
Inspector: _____	Signature: _____	Initials: _____



FIRST AID INCIDENT FORM



WILDMEDKITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

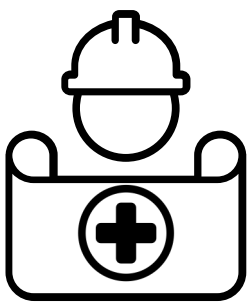
Area & description of injury: _____ **First aid treatment provided:** _____

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



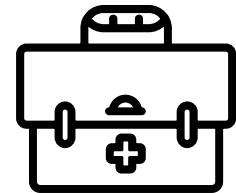
First Aid Incident Response



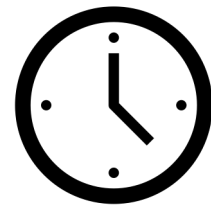
Call 9-1-1 EMS if Emergency



Provide First Aid



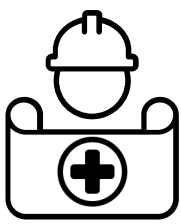
**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



FIRST AID INCIDENT FORM



WILDMEDKITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

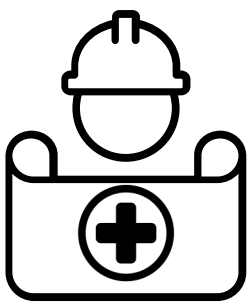
Area & description of injury: _____ **First aid treatment provided:** _____

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



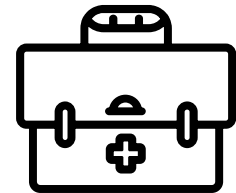
First Aid Incident Response



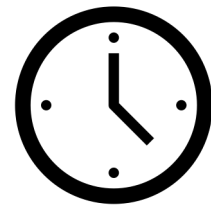
Call 9-1-1 EMS if Emergency



Provide First Aid



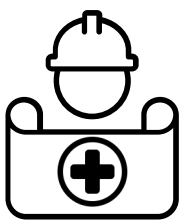
**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



FIRST AID INCIDENT FORM



WILDMEDKITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

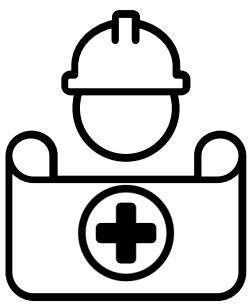
Area & description of injury: _____ **First aid treatment provided:** _____

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



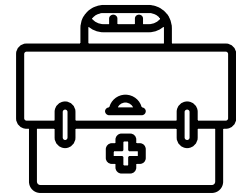
First Aid Incident Response



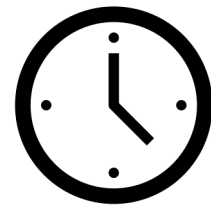
Call 9-1-1 EMS if Emergency



Provide First Aid



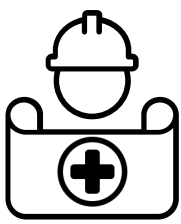
**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



FIRST AID INCIDENT FORM



WILD MED KITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

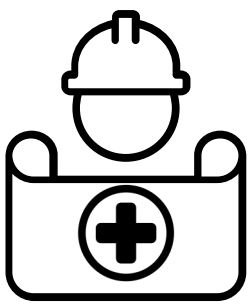
Area & description of injury: _____ **First aid treatment provided:** _____

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



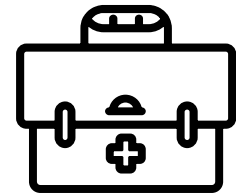
First Aid Incident Response



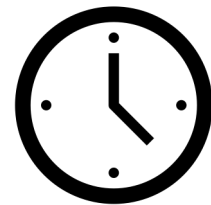
Call 9-1-1 EMS if Emergency



Provide First Aid



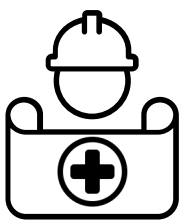
**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



FIRST AID INCIDENT FORM



WILD MED KITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

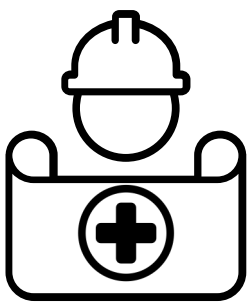
Area & description of injury: _____ **First aid treatment provided:** _____

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



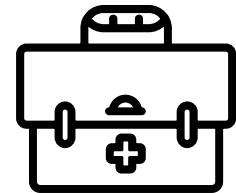
First Aid Incident Response



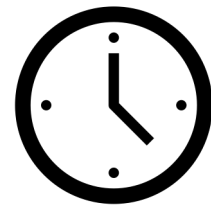
Call 9-1-1 EMS if Emergency



Provide First Aid



**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist