



# Employer Master First Aid Binder



**Health and Safety Officer**

**Name:** \_\_\_\_\_

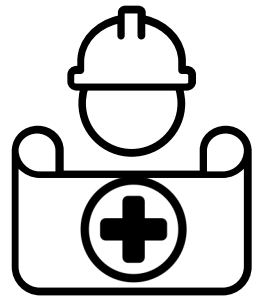
**Phone #:** \_\_\_\_\_

**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 (form 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

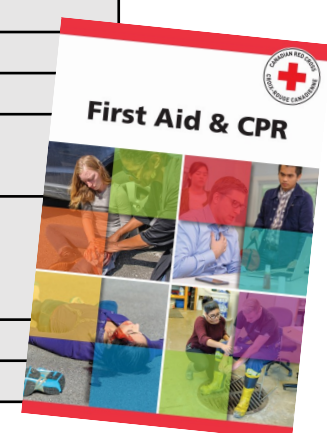
Training Partner

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







# 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](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=Cj0KCQiAmNegBhD4ARIsADsYfTd9HXj9BjrqPLr0bz2p6kv16VDbPMbu\\_XFbUB\\_ClkIFm6LBWnA45UcaAjOiEALw\\_wcB](https://wsib-form-7.com/?keyword=&campaignid=19933767733&adgroupid=&gad_source=1&gclid=Cj0KCQiAmNegBhD4ARIsADsYfTd9HXj9BjrqPLr0bz2p6kv16VDbPMbu_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](https://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](https://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](https://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) |
|------------------|--------------------|----------------------------|---------------------|
|                  |                    | / /                        | / /                 |
|                  |                    | / /                        | / /                 |
|                  |                    | / /                        | / /                 |
|                  |                    | / /                        | / /                 |
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|                  |                    | / /                        | / /                 |
|                  |                    | / /                        | / /                 |
|                  |                    | / /                        | / /                 |

**Book First Aid Training**




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# Master First Aid Certifications



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

**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    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |

**Kit #:** \_\_\_\_\_

| Location: _____                           | Jan            | Feb      | Mar                                      | Apr      | May      | Jun      |
|---|----------------|----------|--|----------|----------|----------|
| Monthly Inspection Completed              | Y / N          | Y / N    | Y / N                                    | Y / N    | Y / N    | Y / N    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |

**Kit #:** \_\_\_\_\_

| Location: _____                           | Jan            | Feb      | Mar                                      | Apr      | May      | Jun      |
|---|----------------|----------|--|----------|----------|----------|
| Monthly Inspection Completed              | Y / N          | Y / N    | Y / N                                    | Y / N    | Y / N    | Y / N    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |

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



|   |                         |                        |
|---|-------------------------|------------------------|
| <b>Health and Safety Officer:</b> _____ | <b>Signature:</b> _____ | <b>Initials:</b> _____ |
| <b>Phone #</b> (____) _____ - _____     | <b>Email:</b> _____     |                        |

# 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    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |

**Kit #:** \_\_\_\_\_

| Location: _____                           | Jul            | Aug      | Sep                                      | Oct      | Nov      | Dec      |
|---|----------------|----------|--|----------|----------|----------|
| Monthly Inspection Completed              | Y / N          | Y / N    | Y / N                                    | Y / N    | Y / N    | Y / N    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |

**Kit #:** \_\_\_\_\_

| Location: _____                           | Jul            | Aug      | Sep                                      | Oct      | Nov      | Dec      |
|---|----------------|----------|--|----------|----------|----------|
| Monthly Inspection Completed              | Y / N          | Y / N    | Y / N                                    | Y / N    | Y / N    | Y / N    |
| <b>Kit Type:</b> 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: ____/____/____ |          |          |          |
| <b>Health and Safety Officer Initials</b> |                |          |  |          |          |          |
| <b>Date reviewed (D/M/Y)</b>              | __/__/__       | __/__/__ | __/__/__                                 | __/__/__ | __/__/__ | __/__/__ |



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      |
|--------------------------------------|----------|----------|----------|----------|----------|----------|
| <b>EMERGENCY</b>                     |          |          |          |          |          |          |
| 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 |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b> |          |          |          |          |          |          |
| *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 |
| <b>BONE, MUSCLE, JOINT INJURY</b>    |          |          |          |          |          |          |
| Triangular bandage                   | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 |
| <b>REFERENCE/STATIONARY</b>          |          |          |          |          |          |          |
| *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 |
| <b>GAUZE/DRESSINGS</b>               |          |          |          |          |          |          |
| *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 |
| <b>WOUND CLEANSING</b>               |          |          |          |          |          |          |
| 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 |
| <b>Earliest expiry date (M/Y)</b>    | /        | /        | /        | /        | /        | /        |
| <b>*Tamper Tag #</b>                 |          |          |          |          |          |          |
| <b>Inspector Initials</b>            |          |          |          |          |          |          |
| <b>Date Inspected (D/M/Y)</b>        | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |



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      |
|--------------------------------------|----------|----------|----------|----------|----------|----------|
| <b>EMERGENCY</b>                     |          |          |          |          |          |          |
| 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 |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b> |          |          |          |          |          |          |
| *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 |
| <b>BONE, MUSCLE, JOINT INJURY</b>    |          |          |          |          |          |          |
| Triangular bandage                   | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 | ___ of 1 |
| <b>REFERENCE/STATIONARY</b>          |          |          |          |          |          |          |
| *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 |
| <b>GAUZE/DRESSINGS</b>               |          |          |          |          |          |          |
| *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 |
| <b>WOUND CLEANSING</b>               |          |          |          |          |          |          |
| 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 |
| <b>Earliest expiry date (M/Y)</b>    | /        | /        | /        | /        | /        | /        |
| <b>*Tamper Tag #</b>                 |          |          |          |          |          |          |
| <b>Inspector Initials</b>            |          |          |          |          |          |          |
| <b>Date Inspected (D/M/Y)</b>        | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ | __/__/__ |



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: _____ |



WILDMEDKITS.CA

# Basic First Aid Kit: Type 2 Monthly Inspection Form:



Kit #: \_\_\_\_\_



Year: \_\_\_\_\_

| Item                                 | Jan       | Feb       | Mar       | Apr       | May       | Jun       |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>EMERGENCY</b>                     |           |           |           |           |           |           |
| 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  |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b> |           |           |           |           |           |           |
| 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  |
| <b>BONE, MUSCLE, JOINT INJURY</b>    |           |           |           |           |           |           |
| Triangular bandage                   | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  |
| <b>REFERENCE/STATIONARY</b>          |           |           |           |           |           |           |
| *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  |
| <b>FABRIC BANDAGES/TWEEZERS</b>      |           |           |           |           |           |           |
| 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  |
| <b>GAUZE/DRESSINGS</b>               |           |           |           |           |           |           |
| *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  |
| <b>WOUND CLEANSING</b>               |           |           |           |           |           |           |
| 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  |
| <b>Earliest expiry date (M/Y)</b>    | /         | /         | /         | /         | /         | /         |
| <b>*Tamper Tag number</b>            |           |           |           |           |           |           |
| <b>Inspector Initials</b>            |           |           |           |           |           |           |
| <b>Date Inspected (D/M/Y)</b>        | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  |

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       |
|--------------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>EMERGENCY</b>                     |           |           |           |           |           |           |
| 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  |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b> |           |           |           |           |           |           |
| 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  |
| <b>BONE, MUSCLE, JOINT INJURY</b>    |           |           |           |           |           |           |
| Triangular bandage                   | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  | ___ of 2  |
| <b>REFERENCE/STATIONARY</b>          |           |           |           |           |           |           |
| *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  |
| <b>FABRIC BANDAGES/TWEEZERS</b>      |           |           |           |           |           |           |
| 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  |
| <b>GAUZE/DRESSINGS</b>               |           |           |           |           |           |           |
| *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  |
| <b>WOUND CLEANSING</b>               |           |           |           |           |           |           |
| 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  |
| <b>Earliest expiry date (M/Y)</b>    | /         | /         | /         | /         | /         | /         |
| <b>*Tamper Tag number</b>            |           |           |           |           |           |           |
| <b>Inspector Initials</b>            |           |           |           |           |           |           |
| <b>Date Inspected (D/M/Y)</b>        | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  |

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       |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>EMERGENCY</b>                       |           |           |           |           |           |           |
| 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 |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>   |           |           |           |           |           |           |
| 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  |
| <b>BONE, MUSCLE, JOINT INJURY</b>      |           |           |           |           |           |           |
| *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  |
| <b>REFERENCE/STATIONARY</b>            |           |           |           |           |           |           |
| *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  |
| <b>FABRIC BANDAGES/TWEEZERS</b>        |           |           |           |           |           |           |
| 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  |
| <b>GAUZE/DRESSINGS</b>                 |           |           |           |           |           |           |
| 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  |
| <b>WOUND CLEANSING</b>                 |           |           |           |           |           |           |
| 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  |
| <b>Summary</b>                         |           |           |           |           |           |           |
| <b>Earliest expiry date (M/Y)</b>      | /         | /         | /         | /         | /         | /         |
| <b>*Tamper Tag number</b>              |           |           |           |           |           |           |
| <b>Inspector Initials</b>              |           |           |           |           |           |           |
| <b>Date Inspected (D/M/Y)</b>          | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  | __/__/__  |

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             |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>EMERGENCY</b>                       |                 |                 |                 |                 |                 |                 |
| 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       |
| <b>PERSONAL PROTECTIVE EQUIPMENT</b>   |                 |                 |                 |                 |                 |                 |
| 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        |
| <b>BONE, MUSCLE, JOINT INJURY</b>      |                 |                 |                 |                 |                 |                 |
| *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        |
| <b>REFERENCE/STATIONARY</b>            |                 |                 |                 |                 |                 |                 |
| *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        |
| <b>FABRIC BANDAGES/TWEEZERS</b>        |                 |                 |                 |                 |                 |                 |
| 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        |
| <b>GAUZE/DRESSINGS</b>                 |                 |                 |                 |                 |                 |                 |
| 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        |
| <b>WOUND CLEANSING</b>                 |                 |                 |                 |                 |                 |                 |
| 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        |
| <b>Summary</b>                         |                 |                 |                 |                 |                 |                 |
| <b>Earliest expiry date (M/Y)</b>      | ___ / ___       | ___ / ___       | ___ / ___       | ___ / ___       | ___ / ___       | ___ / ___       |
| <b>*Tamper Tag number</b>              | _____           | _____           | _____           | _____           | _____           | _____           |
| <b>Inspector Initials</b>              | _____           | _____           | _____           | _____           | _____           | _____           |
| <b>Date Inspected (D/M/Y)</b>          | ___ / ___ / ___ | ___ / ___ / ___ | ___ / ___ / ___ | ___ / ___ / ___ | ___ / ___ / ___ | ___ / ___ / ___ |



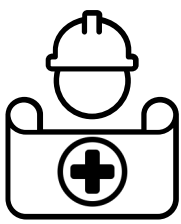
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- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
- ✓ Notify supervisor if kit incomplete/expired
- \*Items exceed minimum CSA Standard Z1220-17

Supervisor: \_\_\_\_\_ #: \_\_\_\_\_

|                  |                  |                 |
|------------------|------------------|-----------------|
| Inspector: _____ | Signature: _____ | Initials: _____ |
| Inspector: _____ | Signature: _____ | Initials: _____ |
| Inspector: _____ | Signature: _____ | Initials: _____ |



# FIRST AID INCIDENT FORM



WILDMEDKITS.CA

**Injured worker name:**

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**Address where first aid incident occurred:**

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**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Day/Month/Year \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:** \_\_\_\_\_ **First aid treatment provided:** \_\_\_\_\_

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

**Names of witnesses to incident:**

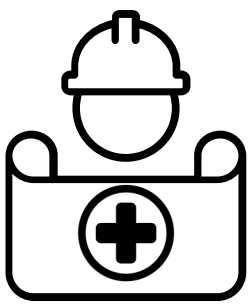
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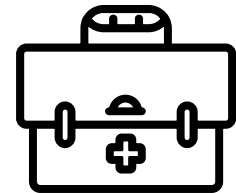
# First Aid Incident Response



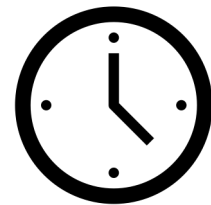
**Call 9-1-1 EMS if Emergency**



**Provide First Aid**



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

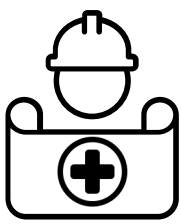


**Notify Supervisor**



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# FIRST AID INCIDENT FORM



WILD MED KITS.CA

**Injured worker name:**

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**Address where first aid incident occurred:**

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**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Day/Month/Year \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:** \_\_\_\_\_ **First aid treatment provided:** \_\_\_\_\_

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|---|---|

**Names of witnesses to incident:**

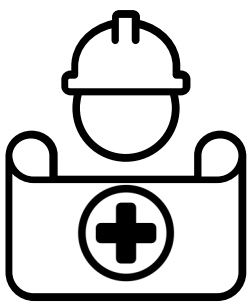
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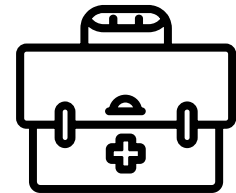
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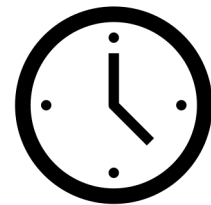
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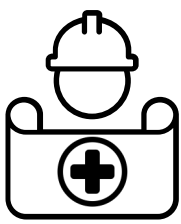
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services if required.**



**Notify Supervisor**



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# FIRST AID INCIDENT FORM



WILDMEDKITS.CA

**Injured worker name:**

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**Address where first aid incident occurred:**

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**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Day/Month/Year \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:** \_\_\_\_\_ **First aid treatment provided:** \_\_\_\_\_

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|---|---|
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|---|---|

**Names of witnesses to incident:**

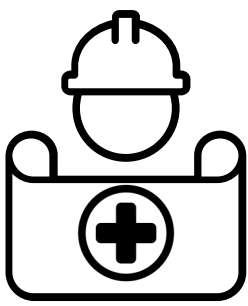
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# First Aid Incident Response



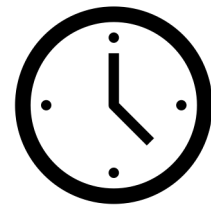
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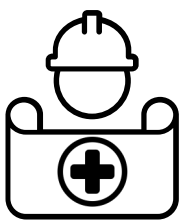
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services if required.**



**Notify Supervisor**



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# FIRST AID INCIDENT FORM



WILDMEDKITS.CA

**Injured worker name:**

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**Address where first aid incident occurred:**

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**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Day/Month/Year \_\_\_\_\_ :  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:** \_\_\_\_\_ **First aid treatment provided:** \_\_\_\_\_

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**Names of witnesses to incident:**

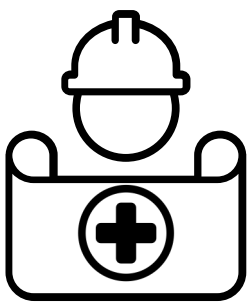
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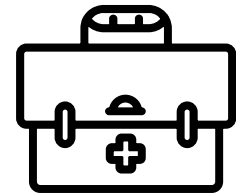
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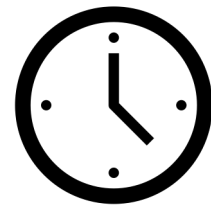
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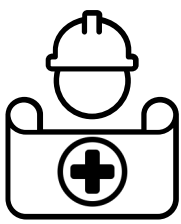
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**Notify Supervisor**



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# FIRST AID INCIDENT FORM



WILD MED KITS.CA

**Injured worker name:**

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**Address where first aid incident occurred:**

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**Date of incident:** \_\_\_\_\_ **Time of incident:** \_\_\_\_\_

Day/Month/Year \_\_\_\_\_ : \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**Describe what happened:**

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**Area & description of injury:** \_\_\_\_\_ **First aid treatment provided:** \_\_\_\_\_

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|---|---|
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|---|---|

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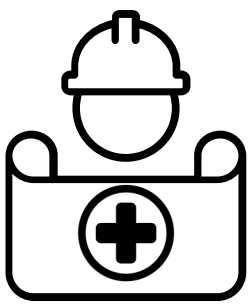
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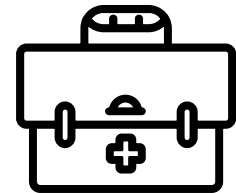
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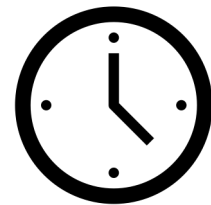
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