



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: _____



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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
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*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
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*First aid basics guide	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1	___ of 1
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Fabric bandage 3/4"x1"	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10	___ of 10
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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
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Earliest expiry date (M/Y)	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___
*Tamper Tag number	_____	_____	_____	_____	_____	_____
Inspector Initials	_____	_____	_____	_____	_____	_____
Date Inspected (D/M/Y)	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___	___ / ___ / ___

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- ✓ Notify supervisor if kit incomplete/expired
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Inspector: _____	Signature: _____	Initials: _____
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