



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)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

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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: ____/____/____			
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Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

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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
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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
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Health and Safety Officer Initials						
Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

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Date reviewed (D/M/Y)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



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