



# 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: _____



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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/WFAKchecklist](http://wildmedkits.ca/pages/WFAKchecklist)



- ✓ Check items for damage and expiry date
- ✓ If previous tamper seal intact note number and sign off month
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Supervisor: \_\_\_\_\_ #: \_\_\_\_\_

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