

Construction Site First Aid Kit Inspection Checklist

Date:

Inspected By:

Location/Site:

Checklist

Item	Present	Expired/Damaged	Quantity	Notes
Adhesive Bandages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sterile Gauze Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adhesive Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Antiseptic Wipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Examination Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
CPR Face Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Scissors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Eye Dressing Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Triangle Bandage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Instant Cold Pack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Burn Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tweezers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
First Aid Guide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

General Inspection

Kit clearly labeled and easily accessible? ☐

All items within expiry date? ☐

Kit is clean and sealed? ☐

Comments/Actions Required

Signature:

Date: