

# First Aid Kit Inspection Form

Location

Kit ID / Number

Inspection Date

| Item                 | Present                  | Quantity<br>OK           | Expiry Date<br>OK        | Remarks              |
|----------------------|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Issues Noted

Inspected By

Signature