



FIRST AID CHECKLIST FORM

Location:	Date:
Name of person checking:	Time:

General

No	Particular	Yes	No
1	Is the first aid box located in a prominent and accessible position?		
2	Are employees informed and aware of the location of the first aid box?		
3	Do all employees have access to the first aid box during working hours?		
4	Can first aid box be clearly identified as a first aid box?		
5	Are the contents appropriate for the likely injuries and illnesses at the workplace		
6	Does first aid box contain sufficient quantities of each item?		
7	Is there a person trained in first aid responsible for maintaining the box?		
8	Are the contents appropriately labeled?		
9	Are the contents within their usable date? (Expiry date)		
10	Are the contents adequately stored?		
11	Is there any person appointed to take charge of the first aid arrangement?		
12	Is there any emergency contact list near the first aid box?		

Box contents

No	Contents	Spec	Qty	Yes	No
1	Small individual medicated / unmediated sterilized dressing for fingers	6			
2	Medium-sized medicated / unmediated sterilized dressing for hands and feet	3			
3	Large individual medicated / unmediated sterilized dressing for other injured parts	3			
4	Assorted adhesive wound dressing	12			
5	Triangular bandages	2			
6	Roller bandages, 1 inch	6			
7	Roller bandages, 2 inch	6			
8	Adhesive plaster	Sufficient			
9	Absorbent sterilized cotton wools in 0.5oz packet	6			
10	Suitable splint and wool or other material for padding	Sufficient			
11	Approved eye ointment or eye drops	Sufficient			
12	Individual sterilized eye pads in separate sealed packets	2			
13	Rubber or pressure bandage	1			
14	2% alcoholic solution of iodine or 1% aqueous solution of gentian violet in a stoppered 2oz bottle	1			
15	Bottle of sal volatile with the dose and mode of administration indicated on the label	1			
16	Blunt-nosed surgical scissors	1			
17	Safety pins	12			
18	Cotton buds	Sufficient			
19	Antiseptic lotion / cream	Sufficient			



FIRST AID CHECKLIST FORM

Comments

Checked by	Approved by
Name :	Name :
Date :	Date :

Conclusion

Accepted	Action needed
----------	---------------