

Spokane County Head Start/ECEAP/EHS FIRST-AID KIT INVENTORY CHECKLIST - KITCHEN

Site _____ Classroom _____ Program year _____

1. The first-aid kit must be inventoried monthly.
2. Items not on the inventory checklist must be disposed immediately.
3. During each inventory, mark each item with a check mark (✓) to indicate that the item is in stock.
4. Replace items as you use them. Notify the office assistant to re-order items when you take them.

RESTOCK THESE ITEMS AS YOU USE THESE ITEMS			INVENTORY DOCUMENTATION											
QTY	Item	Use	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
10	3" x 3" sterile gauze squares	Clean and cover wounds												
4	Telfa pads	Non-adhesive wound cover												
1-2	Roll of gauze	Secure dressing or bandage/use with compress bandage for added support												
3	Compress bandage	Pressure dressing to control bleeding												
1-2	Tape (one for sensitive skin)	Secure dressing or bandage												
1	Pencil and note pad													
4-5	Safety pins													
3-4	Butterfly closure band-aids	Close minor wounds/only use to close for transport to medical center												
Variety	Band-aids (flexible)	Cover minor wounds												
1	Triangular bandage	Make a sling												
1	Ice packs	Prevent/reduce swelling												
1	Ice pack cover	Insulate skin from direct contact with ice pack												
5	Gloves (nonporous, non latex, disposable)	Cover hands before administering first aid												
2	Oval eye pads													
1	Flashlight	Source of emergency lighting												
1	Laerdal pocket mask	Use to perform CPR												
2	Small splints	Immobilize sprained finger												
1	16 oz. Eye/face wash	Irrigate eyes or face												
Date (mm/dd/yy)														
Initials														