

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



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

Site _____ Classroom _____ Program year _____

1. The first-aid kit is inventoried four times per year.
2. Items not on the inventory checklist must be removed.
3. During each inventory, mark each item with a check mark (✓) to indicate that the item is in kit.
4. Replace items as used. Notify the appropriate person to re-order items when last item is taken from stock.

RESTOCK THESE ITEMS AS YOU USE THESE ITEMS			INVENTORY DOCUMENTATION			
QTY	Item	Use	Fall	Winter	Spring	Summer
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				
1	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	Bottle of water (sterile)	Irrigate wounds, rinse eyes				
1	Scissors					
1	Tweezers					
1	Triangular bandage	Make a sling				
4	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				
1	Plastic bag	Disposal of waste or vomit				
1	Thermometer					
1	Squeeze bottle	Use to direct water source: wound clean or eye rinse				
2	Oval eye pads					
2	Small dixie cups					
1	Flashlight	Source of emergency lighting				
1	Syrup of ipecac	Call Poison Center at 1-800-732-6985 before using.				
1	CPR mask	Use to perform CPR				
1-2	Small splints	Immobilize sprained finger				
	Soap					
1	First-aid manual	Reference				
			Date _/_/___	Date _/_/___	Date _/_/___	Date _/_/___
			Initials _____	Initials _____	Initials _____	Initials _____