

FIRST AID STATION & SUPPLIES INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

First Aid Station Accessibility

- Yes No — Station is clearly marked and easy to access
- Yes No — No obstructions blocking access to the station
- Yes No — Location is known to all employees
- Yes No — Emergency contact information is posted nearby

Supply Inventory and Condition

- Yes No — First aid kit is fully stocked per regulations
- Yes No — Supplies are within expiration dates
- Yes No — Bandages, gloves, and gauze are sealed and clean
- Yes No — Antiseptics and medications are not expired

Equipment Availability

- Yes No — Eye wash station is operational and accessible
- Yes No — CPR mask, burn treatments, and splints are present
- Yes No — Automated External Defibrillator (AED) is available (if required)
- Yes No — Emergency blanket and ice packs are available

Cleanliness and Organization

- Yes No — Station is clean and organized
- Yes No — Supplies are properly labeled and stored
- Yes No — Inventory checklist is up to date
- Yes No — No used or contaminated materials present

Training and Documentation

- Yes No — First aid attendants are trained and certified
- Yes No — Training records are up to date and accessible
- Yes No — Incident logs are maintained and reviewed
- Yes No — Procedures for medical emergencies are clearly posted

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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