

FIRST AID STATION & EMERGENCY EQUIPMENT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

First Aid Kit Contents

- Yes No — All required medical supplies are present and stocked
- Yes No — Items are within their expiration dates
- Yes No — Packaging is sealed and free from contamination
- Yes No — Kit is clearly labeled and easily accessible

Eyewash & Safety Showers

- Yes No — Stations are unobstructed and clearly marked
- Yes No — Water flow is clear and pressure is adequate
- Yes No — Dust covers are in place and functional
- Yes No — Activation valves operate smoothly and stay open

Fire Extinguishers

- Yes No — Pressure gauge indicates a full charge
- Yes No — Safety pin and tamper seal are intact

Yes No — No signs of physical damage or corrosion

Yes No — Inspection tag is current and signed

Automated External Defibrillator (AED)

Yes No — Status indicator shows the unit is ready for use

Yes No — Battery and pads are within expiration dates

Yes No — Spare pads and rescue kit are present

Yes No — Cabinet alarm and door function correctly

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately