

CHILDREN'S SERVICES ASSESSMENT FORM CSAF-003

First Aid Kit Checklist – Medical Room

To be completed using Children's Services Safety Guidance Procedure No. 08/07 (First Aid)

First Aid Kit Checklist				
Location of First Aid Kit/Box				
Date of Initial First Aid Kit/Box Check				
Name of Assessing First Aider				
Contents Check				
No.	Medical Room First Aid Box	Minimum Required	Actual Quantity	Quantity Required
1	Guidance card	1		
2	Individually wrapped sterile adhesive dressings (assorted sizes)	6		
3	Individually wrapped triangular bandages (preferably sterile)	2		
4	Large individually wrapped sterile unmedicated wound dressings	3		
5	Medium individually wrapped sterile unmedicated wound dressings	3		
6	Safety pins	6		
7	Individually wrapped cleansing wipes	8		
8	Pair of disposable gloves	2		
9	Sterile eye pads	2		
10	Airway reviver	1		
11	N/Saline pods 200 ml	1		
12	Clinical waste bag	1		
13	Cold compress	2		
14	Crepe bandage	2		
15	Tape	1		
16	Space blanket	1		
17	Vomit bag	6		
18	Gauze swabs	8		
19	Tissues	1		
20	Steristrips	1		
21	Scissors	1		
22	Can Coke	1		
23	Pen and paper	1		
Additional Checks				
1	Are all items of first aid within expiry date?	YES	NO	
2	Are all items of first aid in good, undamaged condition?	YES	NO	
3	Is the first aid kit/box in good condition & undamaged?	YES	NO	
4	Is the location of the first aid kit/box clean and accessible?	YES	NO	
5	Is the first aid location sign present & in good condition?	YES	NO	
6	Is the list/sign of trained first aiders present & up-to-date?	YES	NO	
Summary of Actions				
FIRST AID KIT PASSED (eg. 3-MONTH) CHECK & NO ACTION REQUIRED		YES	NO	
Actions required if 'NO'				
Name of Assessor		Signature of Assessor		Assessed Date
Follow-up Actions				
REQUIRED ACTIONS IMPLEMENTED/SHORTAGES REPLENISHED		YES	NO	
Name		Signature		Date