TAGPOINT.

# First aid box check

A monthly check of one first aid box. Count the contents, restock what was used and check the use-by dates. One sheet per box per year.

SITE _____ BOX LOCATION _____ BOX NUMBER _____

YEAR _____ KIT SIZE Small Medium Large Travel

## HOW TO USE THIS SHEET

1. Fill in "Should hold" once, from the contents list in your kit. Cross out lines your kit does not have.
2. Once a month, count each item. Tick it if the count is right, write R if you restocked it.
3. Replace anything past its use-by date or with broken packaging.

## KEY

✓ Count OK  R Restocked  ✗ Short: order more and restock

| Contents | | Should hold | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Information** | **Guidance leaflet and contents list** | | | | | | | | | | | | | |
| **Dressings and plasters** | **Plasters** assorted, individually wrapped | | | | | | | | | | | | | |
| | **Sterile dressings, small** | | | | | | | | | | | | | |
| | **Sterile dressings, medium** | | | | | | | | | | | | | |
| | **Sterile dressings, large** | | | | | | | | | | | | | |
| | **Finger dressings** | | | | | | | | | | | | | |
| | **Burn dressings** | | | | | | | | | | | | | |
| | **Eye pads** sterile | | | | | | | | | | | | | |
| **Bandages and fixings** | **Triangular bandages** | | | | | | | | | | | | | |
| | **Conforming bandages** | | | | | | | | | | | | | |
| | **Microporous tape** | | | | | | | | | | | | | |
| | **Safety pins** | | | | | | | | | | | | | |
| **Protection and cleaning** | **Disposable gloves** pairs | | | | | | | | | | | | | |
| | **Cleansing wipes** | | | | | | | | | | | | | |
| | **Resuscitation face shield** | | | | | | | | | | | | | |
| **Equipment** | **Foil blanket** | | | | | | | | | | | | | |
| | **Clothing shears** | | | | | | | | | | | | | |
| | **Eyewash** sealed and in date, where kept | | | | | | | | | | | | | |
| | Date checked | | | | | | | | | | | | | |
| | Checked by | | | | | | | | | | | | | |

EYEWASH BOTTLES EXPIRE _____ EARLIEST USE-BY DATE IN THE BOX _____ FIRST AIDER OR APPOINTED PERSON _____ RESTOCKED FROM (SPARE STOCK LOCATION) _____

**Relates to:** The Health and Safety (First-Aid) Regulations 1981 and HSE's L74. Contents based on BS 8599-1; your first aid needs assessment decides what you need.

Free to copy and adapt. Not legal advice.

**Try this check on your phone**

Scan the code and do it on the first aid box at goods in at our live demo site. No app, no sign-in. Then run it on your own, free for 30 days: tagpoint.co.uk/first-aid-checks/