First Aid Kit Inspection

Inspect first aid kits for stock, expiry, and location — with inspector signature. Printable checklist. * = required.

Inspection date *

Kit ID / location *

Inspector name *

Checks (tick if OK) *

- ☐ Kit accessible & signed
- ☐ No expired items
- ☐ Gloves / eye wash available
- ☐ Incident / treatment log available
- ☐ Contents list present
- ☐ Stock levels adequate
- ☐ Scissors / tweezers present

Items to replenish / replace

Photo of kit (optional)

Attach or note photo reference

Inspector signature *

Name: _____ Date: _____