

Site: _____

Bus # _____

Keep this form in kit. Initial & date when checked. Check at beginning of each year and monthly.
 Replenish as needed. Notice some items expire!

FIRST AID KIT for BUS

Approx. # should have	Item	Initial & Date-when inventory is checked monthly. Replenish as needed ✓ each item Write expiration date of certain items.											
		DATE & INITIAL →											
1	Eye Dressing												
10	Bandage 3/4" x 3"												
10	Bandage 3/8" x 1"												
1	Bandage tape - roll												
4	4" x 4" gauze pads												
3	2" x 2" gauze pads												
1	cold pack												
6	latex gloves												
1	gauze roll												
1	scissors												
1	tweezers												
1	triangle bandage with safety pins												
1	Thermometer												
1	Pencil/Notepad												
1	First Aid Guide												
1	Water - Sealed Bottle	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date
1	Soap												
1	CPR Micro shield												
	Phone Number of Center												
3	antimicrobial (Hand Wipes)	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date
3	Disinfectant towels (for surface)	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date	EXP Date
	Cell Phone available												