FIRST AID and/or SPILL KIT USAGE FORM

First Aid Kit

To be completed by person opening the Kit (Please complete below)

- First Aid Kit Number: __________________
- First Aid Kit Location: __________________
- Item(s) used:
  - □ TAPE
  - □ KLING/COBAN WRAP
  - □ 4x4'S
  - □ GLOVES
  - □ CPR SHIELD

Explain reason for use: ____________________________________________________________
_______________________________________________________________________________

Employee Signature: ____________________________ Date: __________

Spill Kit:

To be completed by person opening the Kit (Please complete below)

- Spill Kit Location: ____________________________

Explain reason for use: ____________________________________________________________
_______________________________________________________________________________

Employee Signature: ____________________________ Date: __________

To be completed by the Nurse

- Item(s) replaced:
  - □ TAPE
  - □ KLING/COBAN WRAP
  - □ 4x4'S
  - □ GLOVES
  - □ CPR SHIELD
  - □ SPILL KIT

Comment: ________________________________________________________________________

Nurse Signature: ____________________________ Date: __________