Mississippi Department of Human Services Division of Youth Services Medical Services

FIRST AID KIT AND SPILL KIT INSPECTION RECORD

| | Month: _ | | | Year: | | _ | |
|--------|--------------------------------------|-----------------|---------------------|--------------------|-----|--------------|-----------------------|
| No. | First Aid Kit/Spill Kit Locations | Date Checked | Sealed/ Unsealed | Lock Numbe | r (| Comments | Inspector Initials |
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| Initia | Initials Signature of Inspector | | Initials | Initials Signature | | | |
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