



School District No. 54
(Bulkley Valley)

Occupational Health & Safety Program

SECTION 9 - FIRST AID

APPENDIX 4

1 Page

FIRST AID EQUIPMENT & SUPPLIES INSPECTION REPORT FORM

FIRST AID EQUIPMENT/SUPPLIES INSPECTION REPORT

Inspected by: _____ Year: _____ Month: _____

Location/Dept.	Required Supplies/Equipment	Account Code	Missing Equipment/Supplies	Equipment Supplied		Cost
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$
				<input type="checkbox"/>	<input type="checkbox"/>	\$

Distribution: *Principal/ Manager*

Approved by: _____ (Signature)