KEEP IT READY

First aid kit check

Location: _____ **Checked by:** _____ **Date:** _____

- [ ] Kit is in its marked place and easy to reach
- [ ] Box is clean, closed and undamaged
- [ ] Used items have been replaced
- [ ] Anything past its use-by date has been replaced
- [ ] First aider names are displayed nearby
- [ ] Everyone knows where the accident record is kept