

CHECKLIST FOR AVAILABILITY OF FIRST AID BOX CONTENTS

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Frequency: Weekly or as when required

Date: _____

Sr. No.	Content of First aid	Availability of Medicines	Quantity	Mfg. Date	Exp. Date	Checked by (HR Officer /Designee)	Verified by (HR Head)	Remarks (if any)
1	Roller Bandage							
2	Crape Bandage							
3	Band-Aid							
4	Antibiotic ointment / Povidone Iodine							
5	Povidone Iodine Solution							
6	Scissor							
7	Cotton							
8	Antiseptic lotion Dettol/Savlon							
10	Eye Drop			Eye drop seal open date _____	Eye drop valid till date _____			
11	Antacid Tablets							
12	Masking Tape							
13	Oral medicine (pain killer)							

*Put √ mark in each respective column for the availability of medicine and X for non-availability of medicine