

First Aid Supplies

Department: _____

Medications (aspirin, ibuprofen) will be supplied once per year and all others once at no charge to your department. Only the large first aid cabinets on the attached list will be refilled by the Safety / Loss Control Office.

Please check item(s) needed:

Medications

(once annually)

____ Aspirin

____ Cold Relief

____ Ibuprofen (Advil)

____ Non – Aspirin (Tylenol)

Bandages

____ Butterfly

____ Elastic Strip

____ Fingertip

____ Knuckle

____ Roller Gauze

____ Triangular

____ Gauze Pads

Antiseptics

____ Alcohol Wipes

____ Antibiotic Ointment

____ Antiseptic Spray

____ Burn Spray

____ Eye wash

____ Hydrogen Peroxide

Miscellaneous

____ Ice Pack

____ Q-Tip Swabs

____ Scissors

____ Tape

____ Other requests

Name _____

Date _____