

First Aid Kit Location Register

First Aid Kit : 1

Kit Details

Identification Number:	Building:	Room/ Location :
Style: <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Portable	Kit Type: <input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> Remote/Field Work <input type="checkbox"/> Car	

Special Requirements/Kit Additions:

Kit Inspections

Last Inspection Date:	Expected Inspection Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually
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Contact Details

Name:	
Room/Location:	Contact Details:

First Aid Kit : 2

Kit Details

Identification Number:	Building:	Room/ Location :
Style: <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Portable	Kit Type: <input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk <input type="checkbox"/> Remote/Field Work <input type="checkbox"/> Car	

Special Requirements/Kit Additions:

Kit Inspections

Last Inspection Date:	Expected Inspection Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annually
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Contact Details

Name:	
Room/Location:	Contact Details:

Note: Contact EHS Or OHC or Admin Department for refilling or replace missing item of first aid kit.