

✓ First Aid Kit Inventory Checklist



From "**What Are the Basics of First Aid I Should Know?**"

The Prepared Home Series by
[Le Petit Simon](#)

Basic Supplies

Item	Qty	Expiration Date	Last Checked	Needs Replacement
<input type="checkbox"/> Adhesive bandages (assorted sizes)				<input type="checkbox"/>
<input type="checkbox"/> Sterile gauze pads (2×2", 3×3", 4×4")				<input type="checkbox"/>
<input type="checkbox"/> Roller bandages (2" and 3" width)				<input type="checkbox"/>
<input type="checkbox"/> Non-adherent dressings				<input type="checkbox"/>
<input type="checkbox"/> Adhesive tape				<input type="checkbox"/>
<input type="checkbox"/> Nitrile gloves (pairs)				<input type="checkbox"/>
<input type="checkbox"/> CPR face shield/mask				<input type="checkbox"/>
<input type="checkbox"/> Antiseptic wipes				<input type="checkbox"/>

<input type="checkbox"/> Wound irrigation syringe				<input type="checkbox"/>
<input type="checkbox"/> Antibiotic ointment				<input type="checkbox"/>
<input type="checkbox"/> Scissors (blunt tip)				<input type="checkbox"/>
<input type="checkbox"/> Tweezers				<input type="checkbox"/>
<input type="checkbox"/> Emergency blanket				<input type="checkbox"/>
<input type="checkbox"/> Instant cold pack				<input type="checkbox"/>
<input type="checkbox"/> Triangular bandage				<input type="checkbox"/>
<input type="checkbox"/> First aid guide/card				<input type="checkbox"/>

Medications

Item	Qty	Expiration Date	Last Checked	Needs Replacement
<input type="checkbox"/> Pain reliever - Acetaminophen/Paracetamol				<input type="checkbox"/>
<input type="checkbox"/> Pain reliever - Ibuprofen				<input type="checkbox"/>
<input type="checkbox"/> Antihistamine				<input type="checkbox"/>
<input type="checkbox"/> Aspirin (for suspected heart attack - adults only)				<input type="checkbox"/>
<input type="checkbox"/> Anti-diarrheal medication				<input type="checkbox"/>
<input type="checkbox"/> Hydrocortisone cream				<input type="checkbox"/>
<input type="checkbox"/> Burn gel/cream				<input type="checkbox"/>
<input type="checkbox"/> Personal prescription medications				<input type="checkbox"/>

Additional Items

Item	Qty	Expiration Date	Last Checked	Needs Replacement
<input type="checkbox"/> Small flashlight				<input type="checkbox"/>
<input type="checkbox"/> Extra batteries				<input type="checkbox"/>
<input type="checkbox"/> Emergency contact list				<input type="checkbox"/>
<input type="checkbox"/> Whistle				<input type="checkbox"/>
<input type="checkbox"/> Thermometer				<input type="checkbox"/>
<input type="checkbox"/> Hand sanitizer				<input type="checkbox"/>
<input type="checkbox"/> Small notepad and pencil				<input type="checkbox"/>
<input type="checkbox"/> Emergency blanket				<input type="checkbox"/>

Specialized Items (Based on Specific Needs)

Item	Qty	Expiration Date	Last Checked	Needs Replacement
<input type="checkbox"/> Glucose source (for diabetic emergencies)				<input type="checkbox"/>
<input type="checkbox"/> Blister treatment supplies				<input type="checkbox"/>
<input type="checkbox"/> Insect sting relief				<input type="checkbox"/>
<input type="checkbox"/> Splinter removal kit				<input type="checkbox"/>
<input type="checkbox"/> Tick removal tool				<input type="checkbox"/>
<input type="checkbox"/> Saline eye wash				<input type="checkbox"/>

<input type="checkbox"/> Tourniquet				<input type="checkbox"/>
<input type="checkbox"/> Elastic bandage (ACE wrap)				<input type="checkbox"/>
<input type="checkbox"/> SAM splint or similar				<input type="checkbox"/>
<input type="checkbox"/> Digital thermometer				<input type="checkbox"/>
<input type="checkbox"/> Children's medications				<input type="checkbox"/>

Kit Management

Last Full Inventory Date: _____

Next Scheduled Inventory: _____

Location of Kit(s):

1. _____
2. _____
3. _____

Family Members Trained in First Aid:

- _____
- _____
- _____

Emergency Contact Numbers:

- Emergency Services: _____
- Poison Control: _____
- Family Doctor: _____
- Nearest Hospital: _____
- ICE Contact: _____

Inventory Tips

1. **Check your kit every 6 months** (easy to remember: when adjusting clocks for daylight saving time)
 2. **Replace expired items immediately**
 3. **Restock used items as soon as possible after use**
 4. **Consider storage conditions** - avoid extreme temperatures that can degrade medications
 5. **Ensure all family members know where kits are located**
 6. **Keep this checklist with your kit for easy reference**
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PERSONAL NOTES:

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