

First Aid Kit Reorder Form

(Please send COMPLETED form to Student Health Services)

Complete the Following Information

Kit Number: _____

Department: _____

Building: _____

Location: _____

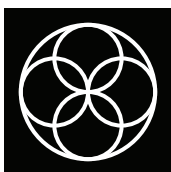
Your Name: _____

Item	#	Needed	Comments
Antiseptic Towelettes	8		
Bandage Compress	1		
Band-Aids	25		
Biohazard Bag	1		
CPR Face Shield	1		
Elastic Bandage - 3"	1		
Eye - Irrigation Solution	1		
First Aid Guide	1		
Forceps	1		
Gauze Bandage, 1"	1		
Gauze Bandage, 2"	1		
Gauze Pads 2x2 or 3x3	3		
Gauze Pads 4x4	3		

Item	#	Needed	Comments
Incident Report Forms	1		
Instant Cold Compress	1		
Latex Exam Gloves	5 pr		
Non-Adhering Pads, 2x3	3		
Non-Adhering Pads, 3x4	3		
Scissors	1		
Sterile Oval Eye Pads	2		
Triangular Bandage	1		

SHS STAFF USE

Filled By: _____ Date: ___/___/___



First Aid Kit Reorder Form

(Please send COMPLETED form to Student Health Services)

Complete the Following Information

Kit Number: _____

Department: _____

Building: _____

Location: _____

Your Name: _____

Item	#	Needed	Comments
Antiseptic Towelettes	8		
Bandage Compress	1		
Band-Aids	25		
Biohazard Bag	1		
CPR Face Shield	1		
Elastic Bandage - 3"	1		
Eye - Irrigation Solution	1		
First Aid Guide	1		
Forceps	1		
Gauze Bandage, 1"	1		
Gauze Bandage, 2"	1		
Gauze Pads 2x2 or 3x3	3		
Gauze Pads 4x4	3		

Item	#	Needed	Comments
Incident Report Forms	1		
Instant Cold Compress	1		
Latex Exam Gloves	5 pr		
Non-Adhering Pads, 2x3	3		
Non-Adhering Pads, 3x4	3		
Scissors	1		
Sterile Oval Eye Pads	2		
Triangular Bandage	1		

SHS STAFF USE

Filled By: _____ Date: ___/___/___