

# INVENTORY LIST/ORDER FORM FOR MEDICAL SUPPLIES

(See instructions on back)

PLACE THE **QUANTITY NEEDED** BESIDE ANY ITEM(S) THAT **NEED TO BE REPLACED**

## First Aid Kit

- \_\_\_\_\_ **Scissors (1 pair)\***
- \_\_\_\_\_ **Tweezers (1 pair)\***
- \_\_\_\_\_ Gauze Pads 4" x 4"
- \_\_\_\_\_ Gauze Pads 3" x 3"
- \_\_\_\_\_ Gauze Pads 2" x 2"
- \_\_\_\_\_ Adhesive Tape (1 roll)
- \_\_\_\_\_ **Thermometer (1)\***
  
- \_\_\_\_\_ Band-Aids 3/8" x 1-1/2
- \_\_\_\_\_ Band Aids 3/4 x 3"
- \_\_\_\_\_ Band Aids 1" x 3"
- \_\_\_\_\_ Antibacterial Ointment (*Licensing Requirement*)
- \_\_\_\_\_ Insect-sting Wipes (*Licensing Requirement*)
- \_\_\_\_\_ Antiseptic Cleansing Wipe
- \_\_\_\_\_ **Triangular Bandage (1)\***
  
- \_\_\_\_\_ Gloves (1 pair minimum)
- \_\_\_\_\_ **Cold Pack (2)\***
- \_\_\_\_\_ **Eye Pads (2)**
- \_\_\_\_\_ **Blood stopper Bandage (1)**
  
- \_\_\_\_\_ Gloves (100/box) \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ No preference \_\_\_\_\_ Powder \_\_\_\_\_ Powder free
- \_\_\_\_\_ Eye Wash - **Exp. Date** \_\_\_\_\_
- \_\_\_\_\_ **First Aid Manual\***

## Blood Borne Pathogens Kit

- \_\_\_\_\_ **Safety Goggles\***
- \_\_\_\_\_ **Isolation Mask\***
- \_\_\_\_\_ **Isolation Gown\***
- \_\_\_\_\_ Vomit Bags
  
- \_\_\_\_\_ Clean Up Kit (scoop, gloves, bag, gel, wipes)
- \_\_\_\_\_ Voban (1 lb. Bag)
- \_\_\_\_\_ Gloves (one pair minimum)
- \_\_\_\_\_ **Sharps Container\*** (in classroom)
- \_\_\_\_\_ Biohazard Disposal Bags
- \_\_\_\_\_ **CPR Mask\***

## Hygiene Items

- \_\_\_\_\_ Toothbrushes (*Order in July, November & February*)
- \_\_\_\_\_ Toothpaste
- \_\_\_\_\_ Shoe Covers (pair) EHS Only
- \_\_\_\_\_ Net & Clamp
- \_\_\_\_\_ Holder (10, 20)
- \_\_\_\_\_ Lice Shampoo
- \_\_\_\_\_ Pacifier Holders

## Cot Sheets

\_\_\_\_\_ Cot Sheets EHS, HS (Please circle either HS or EHS)

## Dental Kits

\_\_\_\_\_ Dental Kits (Must be ordered by mid August)

**\*IF THESE ITEMS ARE MISSING WITHOUT A GOOD EXPLANATION, THE RESPONSIBLE PARTY WILL RECEIVE A CENTER ACTION REPORT, AND WILL HAVE TO REIMBURSE THE AGENCY FOR THE COST OF THE ITEM(S).**

Monthly inventory       Inventory checked and nothing needed       Accident

Center \_\_\_\_\_ Classroom # \_\_\_\_\_ **OR** Bus # \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

