FIRST AID KIT QUARTERLY CHECK & ORDER FORM

Orders may be filled either online or via hardcopy. Online refill orders may be filled out at http://tinyurl.com/hcc-first-aid-kit or visit the HCC website at http://www.honolulu.hawaii.edu/firfstaidkits for a hardcopy.

Hardcopy refill form should be sent to the Student Health Office c/o the mailroom or to our office (Bldg. 2 Room 108A) or via email at hcch@hawaii.edu. Thank you!

Date: ___________________________ Kit Number: ___________________________

Name: _______________________________ Email: _______________________________

Did you use the Checklist to check your First Aid Kit?

☐ Yes  ☐ No

If this is a Quarterly Check, please indicate which one it is:

☐ February  ☐ May  ☐ August  ☐ November

❖ RECORD AMOUNTS NEEDED (required amount per kit is in parenthesis):

- ½ (18” x 36”) OR 1 SQUARE YARD GAUZE (1 BOX)
- 24” X 72” OR 1728 SQ. IN GAUZE COMPRESS (2 BOXES)
- TRIANGULAR BANDAGES (1)
- INSTANT COLD PACK (1 PACK)
- CPR MASK & GLOVES (2)
- 3” X 3” GAUZE SPONGES (1 PACKET)
- 4” X 4” GAUZE SPONGES (1 PACKET)
- EYE DRESSING (2 PACKS)
- ADHESIVE TAPE (1 ROLL)
- 2” OR 3” CONFORMING STRETCH GAUZE BANDAGE ROLL (1)
- LATEX OR NITRILE GLOVES (3 PAIRS) NOTE: LARGE SIZE WILL BE ISSUED UNLESS TOLD OTHERWISE
- EYE WASH IRRIGATING SOLUTIONS (1)
- 1” SHEER ADHESIVE STRIP BANDAGE (20)
- RED BIO-HAZARD DISPOSAL BAG (2)
- EYE CUP (1)
- SAFETY PINS (2)
- ANTISEPTIC SWABS (6)
- ALCOHOL SWABS (6)

***Items will be placed in your mailbox in the mailroom.
IF YOU REQUIRE SPECIAL DELIVERY PLEASE INDICATE IT HERE? ___________________________