

**Annual
First Aid/Body Fluid Kit
Content Inspection Form**

School District/Contractor: _____

Must be stored with TR-13 form on the school bus

Bus #: _____

First Aid Kit items:	Year: _____		Year: _____		Year: _____		Year: _____		Year: _____		Year: _____		Year: _____		Year: _____	
	Condition		Condition		Condition		Condition		Condition		Condition		Condition		Condition	
	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced
2 - 1"x 2.5 yards adhesive tape rolls																
24 - sterile gauze pads 3" x 3"																
20 - 3/4" x 3" adhesive bandages																
8 - 2" bandage compress																
10 - 3" bandage compress																
2 - 2" x 6' gauze roller bandages																
2 - non- sterile triangular bandages w/2 safety pins																
3 - sterile gauze pads 36" x 36"																
3 - sterile eye pads																
1 - rounded-end scissors																
1 - pair medical examination gloves																
1 - mouth-to-mouth airway																

Body Fluid Clean-up Kit Items:	Condition		Condition		Condition		Condition		Condition		Condition		Condition		Condition	
	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced	Good	Replaced
2 - sterile non-latex gloves - 1 pair																
1 - red bio-hazard waste bag w/tie																
1 - black/brown plastic bag w/tie																
1 - liquid treatment system - 3/4 oz.																
2 - disposable microbial wipe																
1 - face mask with eye shield																
1 - pick up scoop with scraper																
1 - surface cleaning wipe																

	Date:															
	Inspected by:															

This form shall be signed and dated by Supervisor of School Transportation ***EACH*** school year