

3 Shelf Restock/Refill Checklist

Take this checklist to your first aid kit and check the supplies against this list. Mark the items that need to be replenished and return to www.mfasco.com/restockkit/3-Shelf-Kit to order supplies or fax this refill list with a company purchase order to 800-400-5757



Phone 800-221-9222

Fax 800-400-5757

www.mfasco.com

Kit Name or Location

Door Pouch Top to Bottom

- | | |
|--------------------|-------|
| Butterfly Closures | _____ |
| CPR Mask ** | _____ |
| First Aid Guide ** | _____ |
| Ammonia Inhalant | _____ |
| Splinter Out | _____ |
| Tweezer | _____ |
| Tourniquet ** | _____ |
| Eye Pads ** | _____ |
| Exam Gloves ** | _____ |
| Burn Dress 4x4 ** | _____ |

** Denotes ANSI/OSHA
Required Item



Shelves Top to Bottom

- | | |
|----------------------|-------|
| Cold Relief | _____ |
| Antacid | _____ |
| Pain Relief | _____ |
| Antiseptic Wipes ** | _____ |
| Triple Antibiotic ** | _____ |
| Hand Sanitizer ** | _____ |
| Gauze Pads 3x3 ** | _____ |
| Bandage Strips ** | _____ |
| Plastic Bandages | _____ |
| Knuckle Bandages | _____ |
| Finger Bandages | _____ |
| Adhesive Tape ** | _____ |
| Elastic Bandage 1" | _____ |
| Elastic Bandage 2" | _____ |
| Gauze Roll 4" ** | _____ |
| Gauze Roll 2" ** | _____ |
| Cold Pack ** | _____ |
| Everstop Dressing ** | _____ |
| Antiseptic Spray ** | _____ |
| Burn Spray ** | _____ |
| Eye Wash 4 oz ** | _____ |
| Splint ** | _____ |
| Triangular ** | _____ |
| Combine Pads ** | _____ |
| Scissor ** | _____ |

Additional Items to Order