



SAFETY

FIRST AID /PPE/Administrative Order Form

Please complete this checklist and return with your weekly paperwork. First Aid supplies will be delivered as soon as possible. If you have an urgent need for safety supplies, contact Teresa.

Name: _____

Charge to Project: _____

Date: _____

Instructions: Please review the list below. As you inspect your First Aid Kit(s), please complete this form. If you are in need of the supply listed, write **yes** in the space provided; if you are not in need of the supply listed, disregard. If you need a specific quantity of the supply listed, write this number in the space provided. If no quantity is listed, you will be given basic supply.

First Aid Item	Needed for Kit	Quantity
Cleansing Towlettes	_____	_____
Antiseptic Wipes	_____	_____
Fingertip Bandages	_____	_____
Knuckle Bandages	_____	_____
General Bandages (bandaids)	_____	_____
Gauze Wrap	_____	_____
Gauze Pads	_____	_____
First Aid Tape	_____	_____
Portable Eye Wash	_____	_____
Instant Cold Pack	_____	_____
Antibiotic Cream	_____	_____
Burn Cream	_____	_____
Vinyl Gloves	_____	_____
Other: _____	_____	_____
PPE:	Type	Quantity/Sizes
Gloves	_____	_____
Eye Protection	_____	_____
Hearing Protection	_____	_____
Head/Face Protection	_____	_____
Other: _____	_____	_____
Administrative Supplies:		
Timesheets		_____
DSFRs		_____
Other: _____		_____