



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 Towelettes	_____	_____
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: _____	_____



WEEKLY VEHICLE INSPECTION CHECKLIST

Instructions: Complete the Weekly Vehicle Inspection Checklist and return with your weekly paperwork.

Please indicate by marking a Y for YES and a N for No that you have personally inspected the component of your assigned company vehicle. If you note maintenance or service is needed, be specific by providing details. Routine maintenance should be planned accordingly by contacting the Shop Administrator. If immediate repair is needed, you should call the Shop Administrator. No repair, service or maintenance is to be completed without Shop Administrator's acknowledgement. In emergency situations, a manager can approve repair.

DATE: _____

VEHICLE#: _____

DRIVER: _____

ODOMETER READ: _____

NEXT SCHEDULED SERVICE: _____

VEHICLE COMPONENT	INSPECTED Y OR N	PROBLEMS/ISSUES
Headlights and Turn Signals	Y	
Oil level	Y	
Fluid levels	Y	
Horn	Y	
Brake lights	Y	
Brakes	Y	
Tires	Y	
Transmission/gears	Y	
Closure of doors, tailgate	Y	
Seatbelts	Y	
Other	XXXXXXXXXXXXXXXXXXXXXXXXXX	

List body and mechanical damage: NONE

Notes: _____

Signature: Henry Hayes