School District No. 54
(Bulkley Valley)

Appendix 1 – First Aid Services & Equipment Inventory Form

Compiled by:			Date:			Year:	
Work Location:	**Number of Employees:**	**Supplies, Equipment and Facilities:**	**First Aid Certificate Required:**	**Hazard Classification:**	**First Aid Attendant:**	**Level:**	**Expiry Date:**

Comments: _____

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