School District No. 54
(Bulkley Valley)

Appendix 4 – First Aid Equipment & Supplies Inspection Report

Inspected by: _____ **Year:** _____ **Month:** _____

Location/Dept.	Required Supplies/ Equipment	Account Code	Missing Equipment/Supplies	Equipment Supplied Yes	Equipment Supplied No	Cost
				☐	☐	**$**
				☐ ☐	☐ ☐	**$** **$**
				☐	☐	**$**
				☐ ☐	☐ ☐	**$** **$**
				☐ ☐	☐ ☐	$ $
				☐ ☐	☐ ☐	$ $
				☐	☐	$
				☐	☐	$
				☐	☐	$
				☐	☐	$

Distribution: Principal/ Manager

Approved by: _____ _____
(Signature)