**REQUEST FOR FIRST AID SUPPLIES**

| **Name:**  |       |
| --- | --- |
| **BLDG/Room:**  |       |
| **Phone #:**  |       |

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| **ITEMS** | **# NEEDED** | **# REQUIRED** |
| Sting Relief Swabs |       | 10 |
| Triple Antibiotic Ointments |        | 10 |
| Antiseptic Wipes |        | 10 |
| Burn Gel |        | 6 |
| Adhesive Bandages 1 x 3 |        | 16 |
| Exam Gloves |        | 2 |
| 40'x40" Triangle Bandages |        | 1 |
| Instant Ice Compress 4x5 |        | 1 |
| Gauze Pads 3 x 3 |        | 4 |
| Eye Dressing Packet |        | 4 |
| First Aid Kits  |        | 1 |
| Hypo-allergenic Clear Tape  |        | 1 |
| Adhesive Pads 2 in. |        | 1 |
| Eye Wash Bottle |        | 1 |
| X-Large Adhesive Dressing |        | 6 |
| Alcohol Pads  |        | 10 |
| Ace Wrap 2” |       | 1 |
| Ace Wrap 4” |       | 1 |
| Emergency Blanket |       | 1 |
| Bio Hazard Bag |       | 1 |