**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 |