



# SOS Emergency Response Technologies

2135 - 12191 Hammersmith Way, Richmond, B.C. V7A 5H2

Tel: (604) 277-5855 Toll Free: 1-800-709-0906

Website: www.SOSTECH.ca Email: info@sostech.ca

COMPANY NAME \_\_\_\_\_

INVENTORY DATE \_\_\_\_\_ BY WHOM \_\_\_\_\_

## BC FIRST AID ROOM – SHOULD BE AT LEAST 100 FT - CSA REGULATION

Qty.	Required Item	On Hand	Order
3	Mix Fiber Blanket	_____	_____
1	Refuse Pail With Lid	_____	_____
1	Bifocal Magnifier With Head Strap,	_____	_____
1	Eye Cup	_____	_____
1	Bandage Scissors	_____	_____
1	Stainless Steel Silver Forceps	_____	_____
1	Thin Plier Forceps	_____	_____
1	Penlight	_____	_____
36	14 cm x 19 cm Individual Antiseptic Towelettes Individually Packaged	_____	_____
1	150ml Liquid Soap	_____	_____
4	Cold Packs	_____	_____
1	Sterile Adhesive Dressings, Assorted Sizes Individually Packaged / 100	_____	_____
48	Sterile Skin Closures, Individually Packaged	_____	_____
6	20 cm x 25 cm Sterile Abdominal Dressings, Sterile	_____	_____
3	30 cm x 40 cm Sterile Abdominal Dressings, Sterile	_____	_____
200	7.5 cm x 7.5 cm Gauze Sponges	_____	_____
50	7.5 cm x 7.5 cm Sterile Gauze Dressings, Individually Packaged, Sterile	_____	_____
50	10 cm x 10 cm Sterile Gauze Dressing Individually Packaged, Sterile	_____	_____
4	15 cm x 15 cm Sterile Compress Dressings With Ties, Individually Packaged	_____	_____
2	7.5 cm x 4.5m Adhesive Crepe Bandage	_____	_____



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Qty.	Required Item	On Hand	Order
4	2.5 cm x 4.5m Adhesive Tape	_____	_____
4	5 cm x 4.6m Conforming Gauze Bandages	_____	_____
4	7.5 cm x 4.6m Conforming Gauze Bandages	_____	_____
6	Cotton Triangular Bandages Min. Length Of Base 1.25m	_____	_____
3	Quick Splint	_____	_____
1	#01 4.5m Tubular Finger Bandage With Applicator	_____	_____
1	Kidney Basin	_____	_____
1	Cold Instrument Sterilizer	_____	_____
1	Non-Rusting Germicidal Solution	_____	_____
1	Pillow	_____	_____
1	Pillow Case	_____	_____
1	Sheets. Non-Porous	_____	_____
1	**CHAIR W/ Wash Basin	_____	_____
1	**BED W/ Mattress	_____	_____
1	**PORTABLE Urinal, If Overnight Care Is Required	_____	_____
1	**BEDPAN, If Overnight Care Is Required	_____	_____
1	Patient Assessment Charts, Obtain From Worksafebc	_____	_____
1	Blank First Aid Records, Obtain From Worksafebc	_____	_____
1	First Aid Contents Chart	_____	_____

\*\*not included in purchase of BC First Aid Room, sold separately

NOTE: Where first aid kits are not readily accessible to the first aid room, additional PPE for first aid attendants an an additional CPR pocket mask w/ one-way valve should be kept in the first aid room.