



# Elkhart & St. Joseph Counties Head Start Consortium

## Bus Drivers Emergency Equipment and First Aid Inventory Checklist

School Corporation: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ Bus #: \_\_\_\_\_

### Weekly Supply Inventory

ITEM	AMOUNT ON HAND	AMOUNT NEEDED
Latex Free Band Aids (6)		
Instant Cold Pack (1)		
Latex Free Gloves (L) (25 Pair)		
Latex Free Gloves (M) (25 Pair)		
First Aid Manual (1)		
Gauze Roll (1)		
Universal Precautions Kit (1)		
CPR Face Shield (1)		
Gauze Pads (2)		
Child Disposable Mask (10)		
Hand Sanitizer (8 oz)		
Drivers Face Shield (2)		

I verify that the above items have been used for the Head Start Program: \_\_\_\_\_  
(Driver Initials)

Seat Belt Cutter is marked with a separate sign indicating what and where it is located: Yes: \_\_\_ No: \_\_\_  
 Fire Extinguisher is marked with a separate sign indicating what and where it is located: Yes: \_\_\_ No: \_\_\_  
 First Aid Box is marked with a separate sign indicating what and where it is located: Yes: \_\_\_ No: \_\_\_

***THIS FORM MUST BE EMAILED TO [firstaid@headstartesj.com](mailto:firstaid@headstartesj.com). BY THURSDAY OF EVERY WEEK. ORDERS WILL BE FILLED AND DELIVERED THE FOWLLING WEEK.***

**INCIDENT REPORTS SHOULD FOLLOW ANY USE OF EMERGENCY SUPPLIES**

### Elkhart & St. Joseph Counties Head Start Consortium Employee

Name of Receiver: \_\_\_\_\_ Date Received: \_\_\_\_\_

Filled By: \_\_\_\_\_ Date: \_\_\_\_\_

**Reference: #1303.71(b)**

*Emergency equipment.* A program must ensure each vehicle used in providing such services is equipped with an emergency communication system clearly labeled and appropriate emergency safety equipment, including a seat belt cutter, charged fire extinguisher, and first aid kit.