

City of Elk River Safety Committee

First Aid Replacement Supplies Order Form

Department: _____ Date: _____

Division: _____ Name: _____

Qty Requested	Description	Quantity Filled	Filled By (Initials)
	Gloves (M)		
	Gloves (L)		
	Gloves (XL)		
	Gauze pads (4" x 4")		
	Gauze pads (8" x 10")		
	Adhesive bandages (regular)		
	Adhesive bandages (knuckle)		
	Adhesive bandages (fingertip)		
	Gauze rolls (2.25" x 3.0 yds)		
	Triangular bandage		
	Antiseptic towelettes		
	Sting ease swabs		
	Instant cold compress		
	Burn gel packets		
	Instant hand sanitizer (pocket size)		
	Bandage scissors		
	CPR mask		
	Adhesive tape (1" x 10 yards)		
	Adhesive tape (2" x 10 yards)		
	Irrigating eye wash (4oz)		

Send requests to the Elk River Fire Department (Station #2)

Office Use Only {
Date Received: _____
Date Filled: _____ **Filled By:** _____