ISC/V-01/R-01/ED-01112023

FIRST AID KIT REPLENISHMENT REQUEST FORM

TERMS AND CONDITIONS

- Applicants must bring their own proper first aid kits/bags as **ISC WILL ONLY PROVIDE REPLENISHMENT** for existing first aid kits/bags.
- Replenishment of items in the first aid kits/bags are based on usual items in first aid kits that are available at ISC, and **NO ORAL MEDICATIONS** will be provided in the first aid kits as per **Guidelines on First Aid in The Workplace by Department of Occupational Safety and Health, Ministry of Human Resources, 2004.**
- Oral medications, if applicable, will be prescribed to the person-in-charge (PIC) of the first aid kits for the event/trip and the medications **MUST BE PLACED IN SEPARATELY**.
- Prophylaxis for malaria will only be provided if deemed necessary, after considering the locality and prevalence of malaria cases in the area.
- Processing time of two (2) weeks must be observed for the replenishment of the first aid kits/bags from the date of receipt of request form and first aid kits/bags. First aid kits/bags must reach the ISC no later than two (2) weeks before the event/trip to provide ample time to replenish the content.
- Replenished first aid kits must be collected at least 3 days before the event and during office hours.

PERSON IN-CHARGE PARTICULARS	
Name of PIC	
K/C/D/I/O	
Staff/Matric Number	
Contact Number	
PURPOSE OF REPLENISHMENT	
In-house First Aid Kit ☐	
Event/Trip ☐	
DETAILS OF EVENT/TRIP (IF APPLICABLE)	
Event Name	
Date	
Venue	
Number of Participants	
Organizer	
Sponsor (if applicable)	
Number of First Aid Kit/Bag(s)	
SUPERVISOR DETAILS	
Name of Officer In-charge	
K/C/D/I/O	
Contact Number/Extension	

Signature	**Stamp & Date**

<table>
<tr><th colspan="3">FOR ISC USE ONLY</th></tr>
<tr><td>Date of Request Received</td><td colspan="2"></td></tr>
<tr><td>Approval</td><td colspan="2">Approved ☐
Not Approved ☐</td></tr>
<tr><td colspan="2">Reviewed By

Signature</td><td>Stamp & Date</td></tr>
<tr><td>Remarks</td><td colspan="2"></td></tr>
<tr><td rowspan="11">Oral Medications & Quantity to Be Prescribed (If Applicable)</td><td>Name</td><td>Quantity</td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
<tr><td>Date for Collection</td><td colspan="2"></td></tr>
</table>

<table>
<tr><th colspan="2">REPLENISHMENT & COLLECTION</th></tr>
<tr><td rowspan="5">Fulfilled & Supplied By:

Signature & Stamp</td><td>Collected By:

Signature</td></tr>
<tr><td>Date Collected:</td></tr>
<tr><td>Name:</td></tr>
<tr><td>K/C/D/I/O:</td></tr>
<tr><td>Staff/Matric Number:</td></tr>
<tr><td>Date Fulfilled:</td><td>Contact Number:</td></tr>
</table>