

# FIRST AID WORKPLACE ASSESSMENT

## 1.1 PERSON(S) CONDUCTING ASSESSMENT

|         |  |           |  |
|---------|--|-----------|--|
| NAME(S) |  |           |  |
| DATE    |  | SIGNATURE |  |

## 2.1 LOCATION

|                 |  |
|-----------------|--|
| ADDRESS OF SITE |  |
| DEPARTMENT      |  |

## 3.1 ASSESSMENT HISTORY

|                | REVIEW 1 | REVIEW 2 | REVIEW 3 | REVIEW 4 |
|----------------|----------|----------|----------|----------|
| DUE DATE       |          |          |          |          |
| DATE CONDUCTED |          |          |          |          |
| SIGNATURE      |          |          |          |          |

# DETERMINATION OF FIRST AID PROVISIONS

| FACTORS TO CONSIDER  | LIST OF HAZARDS                           | FIRST AID PROVISIONS   |
|--|---|--|
| <i>What hazards do you need to consider?</i><br><br>HAZARDOUS SUBSTANCES | <i>List every hazard for each section</i> | <i>What equipment and personnel do you need to resolve these hazards ?</i> |
| DANGEROUS EQUIPMENT<br>OR MACHINERY                                      |   |  |
| SLIPS AND TRIPS  |   |  |
| WORKING AT A<br>HEIGHT OR IN CONFINED<br>SPACES                          |   |  |

# DETERMINATION OF FIRST AID PROVISIONS

| FACTORS TO CONSIDER   | LIST OF HAZARDS                           | FIRST AID PROVISIONS  |
|---|---|---|
| <i>What hazards do you need to consider?</i><br><br>WORKPLACE TRANSPORT | <i>List every hazard for each section</i> | <i>What equipment and personnel do you need to resolve these hazards?</i> |
| GAS AND ELECTRIC  |   |   |
| MANUAL HANDLING   |   |   |
| ERGONOMIC HAZARDS   |   |   |



# DETERMINATION OF FIRST AID PROVISIONS

| PEOPLE TO CONSIDER   | COMMENTS | FIRST AID PROVISIONS   |
|--|----------|--|
| <p>NUMBER OF EMPLOYEES<br/>IN DEPARTMENT?</p>  |          | <p><i>What equipment and personnel needs to<br/>be in place?</i></p> |
| <p>ARE THERE ANY STAFF MORE<br/>AT RISK?</p> <p><i>E.g. Inexperienced staff, people with<br/>health issues, new starters</i></p> |          |  |
| <p>DO STAFF TRAVEL DURING WORK?<br/>HOW DO THEY TRAVEL?</p>  |          |  |
| <p>DO MEMBERS OF THE PUBLIC<br/>OR SCHOOLS VISIT YOUR<br/>WORKPLACE?</p>   |          |  |



# DETERMINATION OF FIRST AID PROVISIONS

| PEOPLE TO CONSIDER  | COMMENTS | FIRST AID PROVISIONS  |
|---|----------|---|
| DO STAFF WORK ALONE?<br>HOW MANY? WHO?                          |          | <i>What equipment and personnel needs to<br/>Be in place?</i> |
| DO STAFF WORK OUTSIDE<br>OF HOURS?                              |          |   |
| DO STAFF TRAVEL DURING WORK<br>HOW DO THEY TRAVEL?              |          |   |
| WHAT TO DO WHEN THE<br>FIRST AIDER(S) IS ON HOLIDAY<br>OR SICK? |          |   |



# DETERMINATION OF FIRST AID PROVISIONS

| FACILITIES TO CONSIDER                 | COMMENTS | FIRST AID PROVISIONS                                      |
|--|----------|---|
| WHAT IS PROXIMITY TO NEAREST HOSPITAL? |          | <i>What equipment and personnel needs to be in place?</i> |
| DO STAFF WORK OFF SITE?<br>WHERE?      |          |   |
| IS THE DEPARTMENT IN ONE BUILDING?     |          |   |
| PREVIOUS ACCIDENTS?                    |          |   |

# FIRST AID WORKPLACE ASSESSMENT

## FIRST AID CHECKLIST

|                                 |  |
|---------------------------------|--|
| NUMBER OF FIRST AID KITS NEEDED |  |
| NUMBER FIRST AIDERS             |  |
| TYPE OF FIRST AID COURSE NEEDED |  |
| DATE OF NEXT ASSESSMENT         |  |

NOTES