

# 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
<p><i>What hazards do you need to consider?</i></p> <p>HAZARDOUS SUBSTANCES</p>	<p><i>List every hazard for each section</i></p>	<p><i>What equipment and personnel do you need to resolve these hazards ?</i></p>
<p>DANGEROUS EQUIPMENT OR MACHINERY</p>		
<p>SLIPS AND TRIPS</p>		
<p>WORKING AT A HEIGHT OR IN CONFINED SPACES</p>		



# DETERMINATION OF FIRST AID PROVISIONS

FACTORS TO CONSIDER	LIST OF HAZARDS	FIRST AID PROVISIONS
<i>What hazards do you need to consider?</i>  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 IN DEPARTMENT?</p>		<p><i>What equipment and personnel needs to be in place?</i></p>
<p>ARE THERE ANY STAFF MORE AT RISK?</p> <p><i>E.g. Inexperienced staff, people with health issues, new starters</i></p>		
<p>DO STAFF TRAVEL DURING WORK? HOW DO THEY TRAVEL?</p>		
<p>DO MEMBERS OF THE PUBLIC OR SCHOOLS VISIT YOUR WORKPLACE?</p>		



# DETERMINATION OF FIRST AID PROVISIONS

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