

FIRST AID ASSESSMENT CHECKLIST

		YES	NO
STEP 1	Identify the workplace	<input type="checkbox"/>	<input type="checkbox"/>
STEP 2	Determine the hazard rating	<input type="checkbox"/>	<input type="checkbox"/>
STEP 3	Consider surface travel time to hospital	<input type="checkbox"/>	<input type="checkbox"/>
STEP 4	Determine the number of workers on a shift	<input type="checkbox"/>	<input type="checkbox"/>
STEP 5	Find the recommended first aid services for your workplace	<input type="checkbox"/>	<input type="checkbox"/>
STEP 6	Review your assessment	<input type="checkbox"/>	<input type="checkbox"/>
<p>1. Name of workplace: _____ conduct a separate assessment for each identified workplace</p>			
<p>2. Hazard rating on Assigned Hazard Rating List: <input type="checkbox"/>Low <input type="checkbox"/>Moderate <input type="checkbox"/>High</p>			
<p>(a) Job functions, work processes and tools:</p>			
<p>(b) Types of injuries than can potentially occur: _____ Typical of industry? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>(c) Rating adjustment: If a hazard rating is adjusted, provide documentation. Overall workplace hazard rating: <input type="checkbox"/>Low <input type="checkbox"/>Moderate <input type="checkbox"/>High</p>			
<p>2. Surface travel time to hospital: <input type="checkbox"/>greater than 20 minutes <input type="checkbox"/>less than 20 minutes</p>			
<p>3. Total number of workers per shift _____ (include dispatched workers and workers in lodgings.)</p>			
<p>4. Barriers to first aid:</p>			
ASSESSMENT RESULTS			
(different shifts may require different first aid services)			
<p>5(a) Supplies / equipment / facilities required:</p>			
<p>5(b) Number and level of first aid attendants:</p>			
<p>5(c) Transportation needs:</p>			
Date:		Change in Business Operations:	
<p>Consulted (health and safety committee, worker representative, others):</p>			
Print name:		Signature:	