

First Aid Assessment Worksheet

1. Name of workplace:		
<p>Conduct a separate assessment for each workplace. The assessment must be reviewed within 12 months after the previous assessment or review and, whenever a significant change affecting the assessment occurs in the company's operation.</p>		
2. (a) Hazard rating on Assigned Hazard Rating List: <i>*Typical low-risk jobs: clerical tasks, training or teaching.</i>	<input type="checkbox"/> Low* <input type="checkbox"/> Moderate <input type="checkbox"/> High	
(b) Job functions, work processes and tools:	Typical of industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Types of injuries that can potentially occur:	Typical of industry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Rating adjustment: if hazard rating is adjusted, provide documentation:	Overall workplace hazard rating: <input type="checkbox"/> Low* <input type="checkbox"/> Moderate <input type="checkbox"/> High	
3. (a) Surface travel time to hospital:	<input type="checkbox"/> Greater than 20 minutes <input type="checkbox"/> 20 minutes or less	
4. (b) Total number of workers per shift:		<i>(include dispatched workers and workers in lodgings)</i>
5. (f) Barriers to first aid:		
Assessment Results <i>(different shifts may require different first aid services)</i>		
5. (a) Supplies/equipment/facilities required:		
5. (c) Number and level of first aid attendants:		
5. (e) Transportation needs:		

Date: _____

Consulted (safety rep, other): _____

Assessment completed by: _____

Signature: _____