

First Aid Assessment Worksheet for Individual Owner Operators

At the start of each block the company will complete a first aid assessment as follows:

Block #: _____ **Location:** _____

2(a) Hazard rating on Assigned Hazard Rating List	Logging = HIGH , Trucking – logs = HIGH
4(b) Total number of workers per shift ;	_____ Worker(s)
5(f) Barriers to first aid if distance to medical aid is less than 20 minutes normally:	Circle: None; uncontrolled railway crossing ; road closings; or Other _____ (describe)

Table 5: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is more than 20 minutes surface travel time away from a hospital. (The results are the same – for these numbers of workers per shift - for travel that is 20 minutes or less surface travel time away from a hospital.)

Reference: WorkSafeBC Regulation – Part 3 Rights and Responsibilities – Schedule 3-A Minimum Levels of First Aid

Column 1 Number of workers per shift	Column 2 Supplies, equipment, and facility	Column 3 Level of first aid certificate for attendant	Column 4 Transportation
1	Personal first aid kit		
2-5	Level 1 first aid kit	Level 1 certificate	
Assessment Results- Fill in Using Table 5 above			
Supplies/equipment/facilities required (from Column 2 Table 5):		<input type="checkbox"/> <i>Personal first aid kit</i> <input type="checkbox"/> <i>Level 1 first aid kit</i>	
Certificate Level of first aid attendant (From Column 3 Table 5):		<input type="checkbox"/> <i>Level 1 certificate</i>	
Transportation needs (From Column 4 Table 5):		<i>There are no transportation needs.</i>	

Date: _____ Name: _____ Signature: _____