

First Aid Assessment Worksheet

1. Name of workplace: _____

Conduct a separate assessment for each identified workplace (see flow chart Step 1)

2(a) Hazard rating on Assigned Hazard Rating List L ___ M ___ H ___

2(b) Job functions, work processes and tools

Typical of industry? Yes ___ No ___

2(c) Types of injuries that can potentially occur

Typical of industry? Yes ___ No ___

2(d) Rating adjustment: if hazard rating is adjusted, provide documentation.

Overall workplace hazard rating L ___ M ___ H ___

3(a) Surface travel time to hospital _____ greater than 20 minutes
_____ 20 minutes or less

4(b) Total number of workers per shift _____ (include dispatched workers
and workers in lodgings)

5(f) Barriers to reaching medical treatment

ASSESSMENT RESULTS

(different shifts may require different first aid services)

5(a) *Supplies/equipment/facilities required* _____

5(c) *Number and level of first aid attendants* _____

5(e) *Transportation needs* _____

Date: _____ Change in Business Operations: _____

Consulted (health and safety committee, worker representative, others):

Name: _____ Signature: _____

