**First Aid Facilities Assessment Report**

Section Assessed:

Date Assessed:

Workplace Layout

Area

Max. Distance to First Aid

No. of floors

Access between floors

Number and Distribution of Employees

Number of employees

Shifts

Overtime worked

Isolated employees

Public access

Nature and Severity of Risk

Known hazards and possible injuries Severity of Risk High/Medium/Low

Hazardous chemicals present [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Toxic Substances [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Do MSDS and Product labels specify first aid requirement?

[ ]  Yes [ ]  No

Manual Handling [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Cuts [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Burns [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Falls [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

 [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

 [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

 [ ]  Yes [ ]  No [ ]  H [ ]  M [ ]  L

Location of Workplace

Nearest Hospital

Nearest medical service

Travel time to medical service

Accident/Illnesses/Incidents (over last 12 months)

Accidents (requiring first aid)

Near misses

First aid kits Required

(will include the contents detailed in the Code of Practice plus any special modules determined through the assessment)

|  |  |  |  |
| --- | --- | --- | --- |
| Location | Signs required | Special Modules | Responsibility |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### First Aid Rooms

(will include the contents detailed in the Code of Practice plus any special equipment identified through the assessment)

|  |  |  |  |
| --- | --- | --- | --- |
| Location | Signs required | Special Modules | Responsibility |
|  |  |  |  |
|  |  |  |  |

Competencies required of First aiders (Initial and ongoing)

1. Emergency procedures during the first few minutes after life threatening incident
2. First aid treatment of injuries, particularly cuts and burns etc
3. etc
4. etc
5. etc
6. Recording of first aid treatment provided

Training required for staff (Initial and ongoing)

1. Location of first aid kits
2. Contact details for first aiders
3. Knowledge of reporting requirements
4. etc
5. etc

Number of first aiders required and locations

Information Required in the Following Languages

English, Vietnamese etc

Signed by:

Management Representative

Health and Safety Rep