

[Company Logo]

Company Name

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	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H
(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"/> L <input type="checkbox"/> M <input type="checkbox"/> H
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:	(include dispatched workers and workers in lodgings)
5. (f) Barriers to first aid:	

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:** _____