

# FIRST AID ASSESSMENT WORKSHEET

1. Name of workplace: \_\_\_\_\_

2. Hazard rating on Assigned Hazard Rating List: L \_\_\_\_\_ M \_\_\_\_\_ H \_\_\_\_\_

3. Job functions, work processes, and tools: \_\_\_\_\_

\_\_\_\_\_

Typical of Industry? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Types of injuries that can potentially occur: \_\_\_\_\_

\_\_\_\_\_

Typical of industry? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Rating adjustment: if hazard rating is adjusted, provide documentation.

Overall workplace hazard rating L \_\_\_\_\_ M \_\_\_\_\_ H \_\_\_\_\_

6. Surface travel time to hospital: \_\_\_\_\_ greater than 20 minutes

\_\_\_\_\_ 20 minutes or less

7. Total number of workers per shift \_\_\_\_\_ (include dispatched workers and workers in lodgings).

8. Barriers to reaching medical treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ASSESSMENT RESULTS

(different shifts may require different first aid services)

9. Supplies/equipment/facilities required: \_\_\_\_\_

\_\_\_\_\_

10. Number and level of first aid attendants: \_\_\_\_\_

11. Transportation needs: \_\_\_\_\_

Date: \_\_\_\_\_ / 20 \_\_\_\_\_ Change in Business Operations: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_