# First Aid Assessment Worksheet

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| 1. **Name of workplace:** |  |
| *Conduct a separate assessment for each identified workplace (see flow chart Step 1).* | |

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| --- | --- | --- | --- | --- |
| 1. **(a) Hazard rating on Assigned Hazard Rating List** |  |  | |  |
| **(b) Job functions, work processes and tools:** | **Typical of industry?** | | | |
|  |  | |  | |
| **(c) Types of injuries that can potentially occur:** | **Typical of industry?** | | | |
|  |  | |  | |
| **(d) Rating adjustment: if hazard rating is adjusted, provide documentation:** | **Overall workplace hazard rating:** | | | |
|  |  |  | |  |
| 1. **(a) Surface travel time to hospital:** |  | | | |
| 1. **(b) Total number of workers per shift:** | (include dispatched workers and workers in lodgings) | | | |
| 1. **(f) Barriers to first aid:** |  | | | |

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| **Assessment Results** | |
| *(different shifts may require different first aid services)* | |
| 1. **(a) Supplies/equipment/facilities required** |  |
| 1. **(c) Number and level of first aid attendants** |  |
| **5. (e) Transportation needs** |  |

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| --- | --- | --- | --- |
| **Date:** |  | **Change in Business Operations:** |  |
| **Consulted** *(health and safety committee, worker representative, others)*: | | |  |
| **Name:** |  | **Signature:** |  |