

FIRST AID ASSESSMENT WORKSHEET

Company Name:	
---------------	--

Operating Location:	
---------------------	--

ASSESSMENT

1a	Assigned Hazard Rating: (according to WorkSafeBC Annual Assessment Letter)	Low	Moderate	High
----	--	-----	----------	------

1b	Job Functions, Work Processes and Tools:			
	Typical of Industry?	Yes	No	

1c	Potential Types of Injuries:			
	Typical of Industry?	Yes	No	

1d	Rating Adjustment: (if hazard rating is adjusted, provide supporting documentation)	Low	Moderate	High
----	---	-----	----------	------

2	Surface Travel Time to Hospital:	Greater than 20 min	20 min or Less	
---	----------------------------------	---------------------	----------------	--

3	Total Number of Workers per Shift: (include dispatched workers and workers in staff accommodation)			
---	---	--	--	--

4	Barriers to Reach Medical Aid			
---	-------------------------------	--	--	--

ASSESSMENT RESULTS (according to [Schedule 3A](#))

(different shifts may require different first aid services)

Supplies, Equipment and Facilities Required:	
--	--

Level of First Aid Attendants:	
--------------------------------	--

Transportation Required:	
--------------------------	--

ASSESSMENT VALIDATION

Assessment Date:	
------------------	--

Change in Business Operation:	
-------------------------------	--

Members Consulted: (names and position titles)	
--	--

Assessor Name:	
----------------	--

Assessor Signature:	
---------------------	--