FIRST AID ASSESSMENT CHECKLIST

		YES	NO
STEP 1	Identify the workplace	☐	☐
STEP 2	Determine the hazard rating	☐	☐
STEP 3	Consider surface travel time to hospital	☐	☐
STEP 4	Determine the number of workers on a shift	☐	☐
STEP 5	Find the recommended first aid services for your workplace	☐	☐
STEP 6	Review your assessment	☐	☐

1. Name of workplace: _____
conduct a separate assessment for each identified workplace

2. Hazard rating on Assigned Hazard Rating List: ☐Low ☐Moderate ☐High

(a) Job functions, work processes and tools:

(b) Types of injuries than can potentially occur: Typical of industry? ☐Yes ☐No

(c) Rating adjustment: If a hazard rating is adjusted, provide documentation.
Overall workplace hazard rating: ☐Low ☐Moderate ☐High

2. Surface travel time to hospital: ☐greater than 20 minutes
☐less than 20 minutes

3. Total number of workers per shift _____
(include dispatched workers and workers in lodgings.)

4. Barriers to first aid:

ASSESSMENT RESULTS
(different shifts may require different first aid services)

5(a) Supplies / equipment / facilities required:

5(b) Number and level of first aid attendants:

5(c) Transportation needs:

Date:	Change in Business Operations:
Consulted (health and safety committee, worker representative, others):	
Print name:	Signature: