## First Aid Assessment Worksheet

1. **Name of workplace:**

   Conduct a separate assessment for each workplace. The assessment must be reviewed within 12 months after the previous assessment or review and, whenever a significant change affecting the assessment occurs in the company’s operation.

2. (a) Hazard rating on Assigned Hazard Rating List:
   *Typical low-risk jobs: clerical tasks, training or teaching.*
   - [ ] Low*
   - [ ] Moderate
   - [ ] High

   (b) Job functions, work processes and tools:
   Typical of industry?
   - [ ] Yes
   - [ ] No

   (c) Types of injuries that can potentially occur:
   Typical of industry?
   - [ ] Yes
   - [ ] No

   (d) Rating adjustment: if hazard rating is adjusted, provide documentation:
   Overall workplace hazard rating:
   - [ ] Low*
   - [ ] Moderate
   - [ ] High

3. (a) Surface travel time to hospital:
   - [ ] Greater than 20 minutes
   - [ ] 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:

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**Date:**

**Consulted (safety rep, other):**

**Assessment completed by:**

**Signature:**