

# 11.4 – First Aid Assessment Form



## GENERAL

Worksite:	Date:
Prepared by:	Consulted with:

## ASSESSMENT

Assigned hazard rating:	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> H
Are job functions, work processes and tools typical of the industry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, describe:			
Are the types of injuries that can occur typical of the industry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If not, describe:			
Overall worksite hazard rating:	<input type="checkbox"/> L	<input type="checkbox"/> M	<input type="checkbox"/> H
Surface travel time to hospital:	<input type="checkbox"/> > than 20 minutes	<input type="checkbox"/> 20 minutes or less	
Total number of workers per shift (including those dispatched or in lodgings):			
Barriers to first aid:			
Rate the risk of injury to skin/eyes:	<input type="checkbox"/> N/A	<input type="checkbox"/> L	<input type="checkbox"/> M <input type="checkbox"/> H

## SITE INFORMATION *(different shifts may require different first aid services)*

Supplies, equipment and facilities required:
Number and level of first aid attendants:
Transportation needs: