**ASSESSMENT OF FIRST-AID NEEDS FORM**

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|  | | | | | |
| Reference number | |  | | |  |
|  | | | | | |
| Workplace | |  | | |  |
|  | | | | | |
| Date | |  | | |  |
|  | | | | | |
| Review date | |  | | |  |
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| Workplace activities | | | | | |
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| **Factor to Consider** | | | **Considerations and Additional Notes** | | |
| The risks of injury and ill health arising from workplace activities | | | Significant risks will require first aiders. | | |
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| Any specific risks from working with substances, tools and machinery (eg risk of chemical burns) | | | Specific equipment and training may be required. | | |
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| The number of persons in the workplace | | | A number of first-aid personnel may be required. | | |
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| Workers who have increased risk, such as disabled employees, inexperienced workers and trainees | | | Special equipment may be required, or desirable, at specific locations (eg defibrillator). | | |
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| Employees who travel | | | Portable first-aid kits may be required. | | |
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| Employees who work remotely | | | Portable first-aid kits may be required. | | |
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| Employees on other employers’ premises | | | Check to see what arrangements are in place for first aid. | | |
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| Members of the public in the workplace | | | Will first aid be provided? Check public liability insurance. | | |
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| Employees with reading/language problems | | | Will special arrangements be required? | | |
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| Previous injury and ill-health records | | | Equipment and facilities may have to be located elsewhere. Check first-aid box contents. | | |
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| Different levels of risk in the workplace | | | Will provisions differ in each risk area? | | |
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| Location of workplace from emergency services | | | Will special arrangements be required? | | |
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| Number of buildings in the workplace | | | What risks are in each building? Will arrangements vary? | | |
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| Shift work/hours of work | | | What cover will be required? | | |
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| First-aid personnel absence | | | How many additional staff will be required? | | |
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| **Summary of First-aid Requirements** | | | | | |
| **Item** | | **Location** | | **Number** | |
| First aiders | |  | |  | |
| Appointed persons | |  | |  | |
| First-aid boxes | |  | |  | |
| First-aid room | |  | |  | |
| First-aid signs | |  | |  | |
|  | | | | | |
| Signature of assessor | |  | | |  |
|  | | | | | |
| Date | |  | | |  |
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