**ASSESSMENT OF FIRST-AID NEEDS FORM**

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