|  |  |
| --- | --- |
| **Workplace Location** |  |
|  |  |
| **Date** |  |
|  |  |
| **Review Date** |  |
|  |  |
| **Workplace Activities** |  |
|  |  |
| **FACTORS TO CONSIDER** | **ASSESSMENT COMMENTS** |
|  |  |
| The risks of injury and ill-health arising from workplace activities. |  |
|  |  |
| Any specific risks from working with substances, tools and machinery (specific equipment and training may be required). |  |
|  |  |
| The number and distribution of persons in the workplace. |  |
|  |  |
| Workers who have increased risk, such as disabled employees, inexperienced workers and trainees (special equipment may be required at specific locations). |  |
|  |  |
| Employees who travel. |  |
|  |  |
| Employees who work remotely (Lone Workers). |  |
|  |  |
| Employees on other employers’ premises (what arrangements are in place for first aid?). |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FACTOR TO CONSIDER** | | **ASSESSMENT COMMENTS** | | |
|  | |  | | |
| Members of the public in the workplace (Will first aid be provided? Check Public Liability insurance). | |  | | |
|  | |  | | |
| Employees with reading / language problems. | |  | | |
|  | |  | | |
| Previous injury and ill-health records. | |  | | |
|  | |  | | |
| Different levels of risk in the workplace. | |  | | |
|  | |  | | |
| Location of workplace from emergency services (Will special arrangements be required?). | |  | | |
|  | |  | | |
| Communications. Is there a landline telephone? Are mobile phone signals on site suitable? | |  | | |
|  | |  | | |
| Those who might be experiencing a mental health issue (Consider the provision of trained mental health first aiders / individuals trained in ‘start the conversation’.) | |  | | |
|  | |  | | |
| Shift work/hours of work (What cover is required?). | |  | | |
|  | |  | | |
| First aid personnel absence – cover. | |  | | |
| **SUMMARY OF FIRST AID REQUIRMENTS** | | | | |
|  | | | | |
| **Item** | **Location** | |  | **Number** |
| First Aiders (FAW) |  | |  |  |
| Emergency First Aiders (EFAW) |  | |  |  |
| Appointed persons |  | |  |  |
| First Aid Kits |  | |  |  |
| First Aid room |  | |  |  |
| First Aid signs |  | |  |  |
| Portable First Aid Kits |  | |  |  |
| Mental Health First Aider(s) |  | |  |  |
| Individual(s) trained in Start the Conversation |  | |  |  |
| **Signature of Assessor:** |  | | | |
| **Date:** |  | | | |