|  |  |
| --- | --- |
| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & safety first aid assessment TEMPLATE |

|  |
| --- |
| Use this form in conjunction with the process Health & safety: First aid requirements*.* See: <https://safety.unimelb.edu.au/training-and-equipment/first-aid-equipment>  This is a blank first aid risk assessment. Use this form only if the generic first aid risk assessment for your workplace type is unsuitable.  To use: complete information for your area in Section 1, record your conclusions in Section 2, and then determine requirements in Section 3.  For further information contact your local [Health and Safety Business Partner](https://safety.unimelb.edu.au/health-and-safety-contacts). |

# assessment factors

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location Name: |  | Building No: |  | Date: |  |
| Assessed by: |  | | | | |
| HSR/Employee Rep: |  | | | | |

| nature of hazards and severity of risk | |
| --- | --- |
| Hazards  List known hazards/risks | Description  Describe the hazard |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| known injuries, illnesses and incidents | |
| --- | --- |
| Incidents resulting in injury  List the injuries that have occurred in the area | Description  Provide a brief description of how they occurred |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Incidents not resulting in injury  List incidents that have occurred in the area that could have resulted in injury but did not | Description  Provide a brief description of the incident |
|  |  |
|  |  |
|  |  |

| location, size and layout of the workplace | |
| --- | --- |
| Item | Detail  Provide details |
| Maximum distance to first aid kit |  |
| Number of floors |  |
| Access between floors |  |
| Nearest hospital |  |
| Nearest doctor/medical service |  |
| Nearest emergency shower/eyewash |  |
| Other |  |

| number and distribution of staff | |
| --- | --- |
| Item | Detail  Provide details |
| Number of staff |  |
| Primary working hours |  |
| Overtime worked |  |
| Staff working in isolation |  |
| Other |  |

# outcome of assessment

| Outcome | |
| --- | --- |
| Item | Description  Briefly provide a description based on the information obtained from the assessment |
| People exposed |  |
| Injuries/adverse outcomes that may occur |  |
| Risk controls |  |
| Level of Risk |  |
| Other |  |

# first aid facilities required

| facilities | |
| --- | --- |
| Facilities/Resources | Detail  Provide details of the required facilities/resources |
| Number of first aiders |  |
| Competencies of first aiders |  |
| Number and location of first aid kits |  |
| Contents of first aid kits |  |
| Additional/specialist first aid equipment access: |  |
| * Automated external **defibrillator** (AED) |  |
| * Emergency shower/eyewash |  |
| * adrenaline (epinephrine) auto-injector |  |
| * salbutamol (Ventolin) |  |
| * dissolvable aspirin |  |
| * mild analgesics (e.g. paracetamol) |  |
| * specialist modules (e.g. burns, bites, eye, hydrofluoric acid Module ) |  |
| * First aid room |  |
| First aid information in languages other than English |  |
| Other |  |