|  |  |
| --- | --- |
| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & safetyfirst 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 |
| --- |
| HazardsList known hazards/risks | DescriptionDescribe the hazard |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

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

| location, size and layout of the workplace |
| --- |
| Item | DetailProvide 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 | DetailProvide details |
| Number of staff |       |
| Primary working hours |       |
| Overtime worked |       |
| Staff working in isolation |       |
| Other |       |

# outcome of assessment

| Outcome |
| --- |
| Item | DescriptionBriefly 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 | DetailProvide 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 |       |