

## **Contractor First Aid Assessment**

Form CSM 2.6a

| Lo        | cation/Contract:                      |                    |  |                       |  |
|-----------|---------------------------------------|--------------------|--|-----------------------|--|
| As        | sessment Factors                      | _                  |  |                       |  |
| <u>1.</u> | Size & layout of the workplace        |                    |  |                       |  |
|           | Area                                  |                    |  |                       |  |
|           | Maximum distance to first aid         |                    |  |                       |  |
| 2.        | Number & distribution of employees    |                    |  |                       |  |
|           | Number of staff                       |                    |  |                       |  |
|           | Shifts                                |                    |  |                       |  |
|           | Overtime worked?                      |                    |  |                       |  |
|           | Are any employees isolated?           |                    |  |                       |  |
|           | Are members of the public present?    |                    |  |                       |  |
| 3.        | Nature of hazards & severity of risk  |                    |  |                       |  |
|           | Known hazards                         | Manual handling    |  | Hazardous chemicals   |  |
|           |                                       | Cuts & lacerations |  | Toxic substances      |  |
|           |                                       | Fractures          |  | Burns and/or scalding |  |
|           |                                       | Material in eye    |  | Working in Heat / UV  |  |
|           |                                       | Other              |  |                       |  |
|           | Severity of risk                      |                    |  |                       |  |
|           | Do MSDS and product labels specify    |                    |  |                       |  |
| _         | any first aid requirements?           |                    |  |                       |  |
| <u>4.</u> | Location of the workplace             |                    |  |                       |  |
|           | Nearest hospital                      |                    |  |                       |  |
|           | Time to nearest hospital              |                    |  |                       |  |
|           | Nearest medical service               |                    |  |                       |  |
| _         | Time to nearest medical service       |                    |  |                       |  |
| <u>5.</u> | Known occurrences of incidents        |                    |  |                       |  |
|           | Incident data last 12 months          |                    |  |                       |  |
|           | Near misses recorded                  |                    |  |                       |  |
| O         | tcomes of the assessment              |                    |  |                       |  |
|           | Contents of the first aid kit         |                    |  |                       |  |
|           |                                       |                    |  |                       |  |
|           | Number & location(s) of kit(s)        |                    |  |                       |  |
| _         | Competencies required of first aiders |                    |  |                       |  |
| 4.        | Training required for first aiders    |                    |  |                       |  |
| 5.        | Number of first aiders required       |                    |  |                       |  |
| 6.<br>7   | Training required for staff           |                    |  |                       |  |
| 1.        | Languages information required in     |                    |  |                       |  |
|           |                                       |                    |  |                       |  |
| As        | sessment conducted by:                |                    |  |                       |  |
| Date:     |                                       |                    |  |                       |  |
|           |                                       |                    |  |                       |  |
|           |                                       |                    |  |                       |  |
|           |                                       |                    |  |                       |  |