First Aid Needs Assessment

Work out how many first aiders, kits and facilities a workplace needs, based on hazards, numbers, shifts and location.

Workplace

Site *	
Assessor *	
Date *	_____ / _____ / _____
Number of employees on site *	
Hazard level *	☐ Lower hazard (e.g. offices) ☐ Higher hazard (e.g. construction, manufacturing)

Item	Yes	No
Shift or out-of-hours working?	☐	☐
Remote from emergency services?	☐	☐
Members of the public on site?	☐	☐
Lone or travelling workers?	☐	☐

Accident history	

Provision

First aiders needed (FAW)	
Emergency first aiders needed (EFAW)	
Appointed persons	
Number of first aid kits	
First aid room needed?	☐ Yes ☐ No
Defibrillator (AED) available?	☐ Yes ☐ No
Training required	

Sign-off

Review date *	_____ / _____ / _____

Additional comments	
Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____

* Required