FIRST AID PLANNING CHECKLIST

Date of issue:

Checklist approved by:

Contact person:

Answer the following questions:

|  |  |
| --- | --- |
| **Work activities** | **What type of work is performed?*****List the work activities that may cause injury.*** |
|  |
| **List the types of injury or illness likely to be experienced.** |
|  |
| **What hazards are there at the workplace?** |
|  |
| **People at the place of work** | **How many employees/workers or other persons are generally on-site?** |
|  |
| **What is their distribution? [e.g. one or more locations]** |
|  |
| **Do any employees/workers have special needs?** |
| **If yes, list:**  |
| **The workplace**  | **What is the size of the workplace?**  |
|  |
| **What is the layout of the work place? (e.g. single level/multiple buildings.)** |
|  |
| **Workers working away from the workplace** | **Do you have employees/workers who work away from the work premises?** |
| If yes, how many? In how many locations?  |
| **Past experience**  | **Is there a current first aid plan and does it work?**  |
|  |
| **Recommendations** |  |

Use the answers to determine your business needs and check the legal requirements for Victoria to ensure you meet minimum requirements.

For further information, review the Victorian Compliance Code – First aid in the workplace. Edition No. 1, September 2008.

Return Completed form to: **[INSERT NAME/POSITION]**