# FIRST AID RISK ASSESSMENT

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| --- | --- | --- |
| Company Name |  | Date |
| Assessment Team |  | Workplace Location |

**REFRENCE OCCUPATIONAL HEALTH AND SAFETY REGULATIONS 2020 (PART 5) AND CSA Z1220-17- FIRST AID KITS FOR THE WORKPLACE FOR MORE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| What is the maximum number of employees at the workplace during any shift? (Ensure visitors, volunteers and other contractors are counted in this number)  2 – 25 26 – 50  51 – 100  100+ | | | |
| **Identify hazards at the workplace that could cause an injury that requires first aid** | | | |
| **Job Task** | **Priority/**  **Severity** | **Resulting Injury** | **Appropriate First Aid Kit** |
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Table

Description automatically generated **Priority Index Table:**  
**Priority/Severity**  
Red: High Priority (H)

Yellow: Moderate Priority (M)

Green: Low Priority (L)

**First Aid Kit Types**

Type 1: For Low hazards

Type 2: For Moderate hazards or low hazards with 2 or more workers Type 3: For High hazards

**\*Your First Aid Kit selection is based upon your highest ranking hazard\***

**Other Considerations That May Affect Risk Level**

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| --- | --- | --- |
| Have any of the tasks being performed resulted in a workplace injury in the past? | No  Yes: | List Here: |
| Is the workplace spread over more than one level? | No  Yes | How many levels? |
| If there are multiple shifts, are there adequate first aid attendants on each shift? | No  Yes N/A |  |
| Are there appropriate modes of transportation for transferring injured or ill persons and an attendant(s) to a medical facility? | No  Yes | List Here: |
| Distance to nearest medical facility | less than 30 mins (Low)  30 mins – 2 hrs (Medium)  more than 2 hrs (High) | Reference 5-12 of the The Occupational Health and Safety Regulations, 2020 |
| Does the workplace require any other additional supplies to provide adequate first aid? (refer to Table A.1 of the CSA Z1220-17 First Aid Kits for the Workplace document) | No  Yes | List Here: |
| Other considerations that affect risk level | No  Yes | List Here |
| \*Employees that are known to have disabilities or known medical conditions should be taken into consideration with first aid supplies and treatment\* | | |

**First Aid Kit Type and Size Selection**

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| --- | --- | --- | --- |
| Type of First Aid kits required to address potential injuries: | Type 1 (Personal):  # of kits | Type 2(Basic):  # of kits | Type 3(Intermediate):  # of kits |
| First Aid kit size based on the maximum number of people at a workplace  Small(2-25)  Medium(26-50)  Large(51-100) | | | |

**Workplace Risk Assessment Ranking**

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| --- |
| Based on the First Aid risk assessment results, this job has been ranked: **LOW RISK MODERATE RISK HIGH** **RISK** |

|  |  |  |  |
| --- | --- | --- | --- |
| First Aid Attendants | | | |
| Name | Level of First Aid Training | Name | Level of First Aid Training |
|  |  |  |  |
|  |  |  |  |

**\*Level of First Aid Training is based on the workplace hazard level and the number of workers at the workplace. Refer to Table 9 of the OHS Regulations 2020\***

Supervisor Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OHC Members (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OHC Members (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_