



GOVERNMENT

GAM Policy 3.48 – Standard I

Emergency Preparedness

Workplace Emergency Management Plan

First Aid Workplace Assessment Worksheet

Name of Workplace		Date		
Hazard rating OHSR Part 18 Schedule 1 (circle one)		A	B	C
Job tasks and duties				
Description of past injuries and potential future injuries				
Are job functions and injuries typical of Industry (circle one)			Yes	No
Should answer to above question be “No”, explain				
Total Number of workers per shift		Number of Shifts		
Barriers to reaching medical facility (explain)				
Surface travel time to medical facility (check one)				
<i>Less than 20 minutes</i>				
<i>Greater than 20 minutes</i>				
<i>Isolated(OHSR Part 18 – definitions)</i>				

Workplace Requirements				
First Aid Kit Requirements OHSR Part 18 Schedule 2 (check one)	Personal	Level 1	Level 2	Level 3
Number of First Aid Kits required				
Level of First Aid Attendants required (circle one)		Standard	Advanced	
Number of First Aid Attendants required				
Additional First Aid Equipment required (Check all that apply)				
<i>Stretcher</i>				
<i>Blanket</i>				
<i>Splint</i>				
<i>Oxygen Therapy Equipment</i>				
<i>Dressing Station</i>				
<i>First Aid Room</i>				
<i>Ambulance Service</i>				
Additional Considerations				
Assessment Conducted by		Print		
		Sign		
JOHSC members involved				

Created By	
Revision Date	