



# First Aid Assessment – Worksheet

1. Name of workplace: XYZ Construction Inc.

*Conduct a separate assessment for each identified workplace (see flow chart Step 1)*

2(a) Hazard rating on Assigned Hazard Rating List L \_\_\_ M \_\_\_ H ✓

2(b) Job functions, work processes and tools:

Framing, using power tools, using pneumatic nailers, using saws, working at elevation

Typical of industry? Yes ✓ No \_\_\_

2(c) Types of injuries that can potentially occur:

Falls from elevation, cuts, amputations, struck by objects

Typical of industry? Yes ✓ No \_\_\_

2(d) Rating adjustment: if hazard rating is adjusted, provide documentation. N/A

Overall workplace hazard rating L \_\_\_ M \_\_\_ H ✓

3(a) Surface travel time to hospital

✓ greater than 20 minutes  
less than 20 minutes

4(b) Total number of workers per shift 3 (include dispatched workers and workers in lodgings)

5(f) Barriers to first aid: rush hour traffic may increase surface travel time to hospital

## ASSESSMENT RESULTS

*(different shifts may require different first aid services)*

5(a) **Supplies/equipment/facilities required** Level 1 First Aid Kit

5(c) **Number and level of first aid attendants** two workers are OFA Level 1 Attendants

5(e) **Transportation needs** written procedures state that cab will be used for ambulatory patients, and include procedures for calling BC Ambulance Service for serious injuries.

Date: May 1, 2004 Change in Business Operations: n/a

Consulted (health and safety committee, worker representative, others):

Yes. Discussed all details of the assessment using flowchart with all staff at the April, 2004 tailgate meeting.

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