**First Aid Planning Tool**

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 types of 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? [eg 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? (eg 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? And in how many locations?  |
| **Past experience**  | **Is there a current first aid plan and does it work?**  |
|  |
| **Recommendations** |  |

Use the answers to determine needs and check the legal requirements for your State/Territory to ensure you meet minimum requirements.

Return Completed form to: [Insert Position (e.g. CEO/Director/Owner)]