

**FIRST AID PLANNING TOOL**

Answer the following questions:

<b>Work activities</b>	<b>What type of work is performed? <i>List the work activities that may cause injury.</i></b>
	<b>List the types of injury or illness likely to be experienced</b>
<b>People at the place of work</b>	<b>What types of hazards are there at the workplace?</b>
	<b>How many employees/workers or other persons are generally on-site?</b>
<b>People at the place of work</b>	<b>What is their distribution? [e.g., one or more locations]</b>
	<b>Do any employees/workers have special needs?</b>
	<b>If yes, list:</b>

The workplace	What is the size of the workplace?
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: ..... **Position**