

FIRST AID PLANNING TOOL

Answer the following questions:

Work activities	What type of work is performed? <i>List the work activities that may cause injury.</i>
	List the types of injury or illness likely to be experienced
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: **Position**