|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Aid Risk Assessment Checklist**  | **YES** | **NO** | **N/A** | **COMMENTS** |
| 1. Is a First Aid kit provided?
 |  |  |  |  |
| 1. Is it fully stocked with the recommended items?
 |  |  |  |  |
| 1. Does it contain items not recommended? If so, for dealing with what need?
 |  |  |  |  |
| 1. Does it contain a copy of first aid instructions?
 |  |  |  |  |
| 1. Are fresh water and eye-wash facilities available?
 |  |  |  |  |
| 1. Do staff know the whereabouts of the First Aid kit?
 |  |  |  |  |
| 1. Is the First Aid kit clearly labelled?
 |  |  |  |  |
| 1. Do staff know who the trained First-Aider is?
 |  |  |  |  |
| 1. In the event of the trained First-Aider being absent, do staff know who the appointed person to deal with first aid would be?
 |  |  |  |  |
| 1. Are travelling First Aid kits available for staffs who regularly work away from their base?
 |  |  |  |  |
| Overall Risk Rating *(Please tick)* | High  | Medium  | Low  |

**First Aid Risk Assessment Checklist**

**First Aid Risk Assessment Checklist**

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| --- | --- | --- | --- | --- | --- |
| Question No | Action Required | By Whom | Target Date | Date Completed | Signature |
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