**FIRST AID PLANNING CHECKLIST**

This template is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the tool. We therefore recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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FIRST AID PLANNING CHECKLIST

Date of issue:

Checklist approved by:

Contact person:

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 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? [e.g. 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? (e.g. 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? In how many locations? |
| **Past experience** | **Is there a current first aid plan and does it work?** |
|  |
| **Recommendations** |  |

Use the answers to determine your business needs and check the legal requirements for Victoria to ensure you meet minimum requirements.

For further information, review the Victorian Compliance Code – First aid in the workplace. Edition No. 1, September 2008.

Return Completed form to: **[INSERT NAME/POSITION]**