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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **College / Portfolio** | |  | | | | | | | **School / Department** | | | | |  | | | | | |
| **Campus** | |  | | | | | | | **Date** | | | | |  | | | | | |
| **Location Area** | | **Building** | |  | | **Floor** | | | |  | | **Lab/Studio/Workshop/Room** | | | | | |  | |
| **Number of:** | | *Staff -* | |  | | | *Students -* | | | | |  | | | *HDRs -* | |  | | |
| **Low Risk Area** | *Yes* | | *No* | | **High Risk Area** | | | *Yes* | | | *No* | | **Low and High Risk** | | | *Yes* | | | *No* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Operational Leader** |  | **Senior Leader** |  |

| **Question** |  |  | **Notes** |
| --- | --- | --- | --- |
| **Risk level in the work and learning environment** |  |  |  |
| 1. Have the types of injuries or illnesses that could occur been determined and whether the work and learning environment is low risk or higher risk? | Yes | No |  |
| 1. Has there been consultation with staff and HSRs (if any) on the risk level in the work and learning environment? | Yes | No |  |
| **First aid officers** |  |  |  |
| 1. Has there been consideration given to the work and learning environment’s operating times, distribution of staff across hours/days, and the need for first aid officers to cover staff leave and turnover? | Yes | No |  |
| 1. Has the number of required first aid officers been determined and how many first aid officers are required? | Yes | No |  |
| 1. In addition to the minimum training level, do first aid officers need advanced training, or additional training to meet specific work and learning environment hazards or needs? | Yes | No |  |
| 1. Do the first aid officers need immunisations? | Yes | No |  |
| **First aid kits** |  |  |  |
| 1. How many basic first aid kits are needed? | Yes | No |  |
| 1. Are additional first aid kit modules required for specific needs or hazards in your work and learning environment? If yes, which ones? | Yes | No |  |
| 1. Is there a system for checking and restocking first aid kits? | Yes | No |  |
| **First aid rooms** |  |  |  |
| 1. Is a first aid room needed? | Yes | No |  |
| **First aid equipment** |  |  |  |
| 1. Is there a reasonably practicable need for an AED? | Yes | No |  |
| 1. Is a safety shower or emergency eye wash station required? | Yes | No |  |
| **First aid procedures** |  |  |  |
| 1. Have first aid procedures been drafted and implemented? | Yes | No |  |
| **Signage** |  |  |  |
| 1. Has first aid signage been posted? | Yes | No |  |
| **Reviewing arrangements** |  |  |  |
| 1. Is there a plan for when and how first aid arrangements will be reviewed? | Yes | No |  |