

# First Aid Risk Assessment

This form is to be completed with reference to *First Aid and Infection Prevention and Control Procedure*.

## 1. Personal Details

Name of Person/s Conducting the Assessment

# First Aid Risk Assessment



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## 6. Review Controls

Workplace Manager and/or Management OHS Nominee verifies provision of the above first aid facilities:

**Name:**

Effective

Not effective

**Date:** / /

**Signature:**