

First-Aid Checklist

Location/Department:		Date of Inspection:		
Inspectors:				
Corrective Actions:				
Work order/memos were issued: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date issued:				
The following safety and health checklist is based on the OSHA CFR 1910.151 and American National Standards Institute standards. It may not include <i>all</i> conditions, as it is intended to be used only as a guide.				
Topic Description	Yes	No	N/A	Comments
Does your company require each employee to have a pre-employment physical examination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Is there a hospital, clinic, or infirmary for medical care in proximity (10 min.) to your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
If medical and first aid facilities are not in proximity (10 min.) to your workplace, is at least one employee on each shift currently qualified to render first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are medical personnel readily available for advice and consultation on matters of employees' health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are emergency phone numbers posted in your work area? 911 should be the standard.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are first aid kits with necessary supplies easily accessible to your work area, and periodically inspected and replenished as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Have first aid kit supplies in your work area been approved by a physician, indicating that they are adequate for a particular area or operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled? Are eyewash stations and showers needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
If you have designated personnel to provide first aid, do you have a bloodborne pathogens program (CFR 1910.1030)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are designated first aid providers trained in the potential hazards of bloodborne pathogens, and:				
Are they trained in universal precautions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Are they aware of appropriate PPE that should be used to reduce the likelihood of infection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Topic Description	Yes	No	N/A	Comments
If you do not wish to designate first aid providers, and are not required to, do you have a policy stating this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
In emergency situations, are employees trained to:				
Get medical assistance immediately and do they know who to call?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Bring help to the victim; don't bring the victim to the help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Know where to find first-aid kits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
The following list sets forth the minimally acceptable number and type of first-aid supplies for kits (ANSI Z308.1 – 2003):				
1 ea. Absorbent compress 32sq. in. (No side smaller than 4in.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
16 ea. Adhesive bandages, 1"X3"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
1 roll Adhesive tape, 3/8"X5yd.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10 ea. Antiseptic applications, 0.5g application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6 ea. Burn treatment applications, 0.5g application	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4 ea. Sterile pads, 3"X 3" at minimum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2 pr. Medical exam gloves	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
1 ea. Triangular bandage, 40"X40"X56" at minimum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	