

First aid needs assessment

First aid personnel	Required yes/no	Number required	Any other considerations
FAW			
EFAW			
Appointed person			
Additional specialised training received			
First aid equipment and facilities	Required yes/no	Number required	Any other considerations
First aid kit and storage container			
Travelling first aid kit			
Additional specialised equipment			
First aid room			
Additional notes:			
Full name:		Date:	
Signed:			