

AED Site Assessment Form

GENERAL

Business Name:

Address:

Suburb:

State:

Postcode:

Contact:

Title:

Phone:

Email:

ORGANISATIONAL

Number of buildings on site:

Number of floors:

Number of workers/visitors on site:

Regular business hours:

Who activates emergency services? (calls Triple Zero):

Reception

Responder

Security

Other:

If high risk, what are the workplace hazards?

- Mechanical – plant equipment etc
- Chemical and biological
- Sources of energy – electricity, noise etc
- Body stressing/impact – manual handling of goods etc
- Gravity – potential for falls
- Psychological – workplace stress, fatigue, violence or bullying
- Other (Please Specify)

MEDICAL PREPAREDNESS

First Aid Training? YES NO

Highest level of certification:

Do you have designated first aiders/response team:

Onsite medical equipment:

first aid kit oxygen kit AED burn kit BLS kit

Employee awareness:

location of equipment identification of first aiders procedures to be followed

Number of AEDs onsite:

AED signage: YES NO

Department/person that inspects AED:

How far away is nearest hospital/ambulance service?

Incident history:

Floor plan:

ATTACH FLOOR PLAN HERE OR DRAW ABOVE