

# ST JOHN AMBULANCE QUEENSLAND WORKPLACE ASSESSMENT ENQUIRY FORM



Please return the completed form to [enquiries@stjohnqld.com.au](mailto:enquiries@stjohnqld.com.au)

CLIENT DETAILS			
Company / Organisation		Account ID (if known)	
Contact Name			
Contact Phone		Mobile Number	
Contact Email (for booking)			
Number of Employees			

PRE-ASSESSMENT QUESTIONS			
Have you previously completed a Workplace First Aid Assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your workplace high or low risk?	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> Unsure
Do you have sufficient first aiders in your workplace?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have sufficient first aid kits in your workplace, including vehicles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do all first aiders in your workplace have current first aid qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does your workplace have adequate and visible first aid signage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does your workplace have a current set of first aid procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does your workplace run regular first aid drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Does your workplace have a Defibrillator (AED)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure