

ST JOHN AMBULANCE QUEENSLAND WORKPLACE ASSESSMENT ENQUIRY FORM



Please return the completed form to enquiries@stjohnqld.com.au

CLIENT DETAILS			
Company / Organisation		Suburb	
Business Type		Number of Levels / Floors	
Contact Name			
Contact Phone		Mobile Number	
Contact Email			
Number of Employees			

PRE-ASSESSMENT QUESTIONS			
Have you previously completed a Workplace First Aid Assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have sufficient first aiders in your workplace? <ul style="list-style-type: none"> low risk workplaces—one first aider for every 50 workers high risk workplaces—one first aider for every 25 workers 	<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
Do you have sufficient first aid kits in your workplace, including vehicles?	<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 have a Defibrillator (AED)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

