

First Aid Hazard Assessment Form



Here is a First Aid Hazard Assessment Form designed for OHS managers. It aligns with the highest regulatory standards and is generic enough to be applicable across industries.

Company Name:

Location:

Date of Assessment:

Assessor's Name:

Job Title:

1. WORKPLACE DETAILS

Industry Type:

Number of Employees:

Work Shifts:

☐ Day ☐ Night ☐ Rotating

Workplace Layout:

☐ Office ☐ Manufacturing ☐ Warehouse ☐ Construction ☐ Other:

2. HAZARD IDENTIFICATION

3. Physical Hazards (Check all that apply)

☐ Slips, Trips, and Falls

☐ Falling Objects

- ☐ Working at Heights
- ☐ Extreme Temperatures (Hot/Cold)
- ☐ Confined Spaces
- ☐ Machinery & Equipment Hazards
- ☐ Fire/Explosion Risks
- ☐ Electrical Hazards
- ☐ Other: _____

1. Chemical Hazards

- ☐ Exposure to Hazardous Chemicals
- ☐ Toxic Gas/Vapors
- ☐ Flammable Substances
- ☐ Corrosive Materials
- ☐ Other: _____

1. Biological Hazards

- ☐ Bloodborne Pathogens
- ☐ Infectious Diseases
- ☐ Mold/Fungi
- ☐ Animal/Insect Exposure
- ☐ Other: _____

1. Ergonomic & Work-Related Stress

- ☐ Heavy Lifting
- ☐ Repetitive Movements
- ☐ Extended Standing/Sitting
- ☐ Mental Stress/Workload Pressure
- ☐ Other: _____

3. INJURY/INCIDENT HISTORY

Have first aid incidents occurred in the past 12 months?

☐ Yes ☐ No

If yes, specify types of injuries and their frequency: