**Activity 3**

Complete the following checklist about your workplace first aid kit. Indicate the situation by ticking the relevant box. Where the answer to the question is 'no', write down what action you should take to fix the problem.

|  |  |  |
| --- | --- | --- |
| **Area checked** | **Check box** | **Comments** |
| 1. **Location and Position**
 |
| 1. Is the first aid kit located in a prominent and accessible position? Where is it located?
 | [ ]  Yes [ ]  No  |       |
| 1. Are workers informed and aware of the location of first aid kits? How?
 | [ ]  Yes [ ]  No  |       |
| 1. Do all workers have access to first aid kits during all work shifts?
 | [ ]  Yes [ ]  No  |       |
| 1. **Clearly identifiable**
 |
| 1. Can the first aid kit be clearly identified as a first aid kit? How?
 | [ ]  Yes [ ]  No  |       |
| 1. Is the first aid kit clearly marked with a white cross on a green background?
 | [ ]  Yes [ ]  No  |       |
| 1. **Contents**
 |
| 1. Are the contents appropriate to the injuries and illnesses at the workplace?
 | [ ]  Yes [ ]  No  |       |
| 1. Does the first aid kit contain sufficient quantities of each item?
 | [ ]  Yes [ ]  No  |       |
| 1. Is a trained in first aid person responsible for maintaining the first aid kit? Who?
 | [ ]  Yes [ ]  No  |       |
| 1. Are the contents appropriately labelled?
 | [ ]  Yes [ ]  No  |       |
| 1. Are the contents within their 'use by' dates?
 | [ ]  Yes [ ]  No  |       |
| 1. Are the contents adequately stored? How?
 | [ ]  Yes [ ]  No  |       |
| 1. **Relevant information**
 |
| 1. Is there a list of contents provided in the kit?
 | [ ]  Yes [ ]  No  |       |
| 1. Are emergency telephone numbers clearly displayed?
 | [ ]  Yes [ ]  No  |       |
| 1. Are the extension numbers, names and locations of the nearest first aid personnel clearly indicated?
 | [ ]  Yes [ ]  No  |       |
| 1. **Training**
 |
| Have selected workersreceived training in the use and maintenance of first aid kits? | [ ]  Yes [ ]  No  |       |