**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.

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| **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 workers  received training in the use and maintenance of first aid kits? | Yes  No |  |