# ****Assessment Information****

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| --- | --- |
| **Date** | Click here to enter a date. |
| *Date Last Assessment:* | Click here to enter a date. |
| **Assessment Team** |  |
| *Joint Health & Safety Committee participated (if applicable)* | |

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| **Organization Name** |  |
| **Facility Address** |  |

## Part 1: Number of workers per shift

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|  | **Day of Week** | **Time Range**  **(e.g., 6am to 2pm)** | **Shift Type (Morning, Afternoon Evening, or Overnight shift)** | **Maximum Number Workers** | **Maximum**  **Number Contractors** |
| **A** | **M - F** |  |  |  |  |
| **B** | **Sat - Sun** |  |  |  |  |
| **C** | **Other** |  |  |  |  |
|  |  |  |  |  |  |
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## Part 2: Determine your Risk Rating

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| Community Social Services operations fall Low risk rating under the [WorkSafe BC Hazard Rating](https://www.worksafebc.com/en/resources/health-safety/information-sheets/workplace-hazard-ratings).  Classification Unit 766007 – Counselling or Social Services, 766010 – Life and Job Skills Training, 766017 – Residential Social Services Facility | The operations falls under another [WorkSafe BC Hazard Rating](https://www.worksafebc.com/en/resources/health-safety/information-sheets/workplace-hazard-ratings). List your other Classification units and determine the risk using the link. |
| **Risk Rating is Low** | *Please contact Community Social Services Health & Safety Association of BC for further guidance if you need assistance.* |

## Part 3: Access to Emergency Services

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| --- | --- | --- | --- | --- |
| **Is your operations “remote”?**  *The nearest BCEHS station or Hospital is more than 30mins away* | | | | Yes  No |
| **Is your operations “less accessible”?**  There are barriers that prevent BCEHS members from providing services. See below for examples: | | | | Yes  No |
| Example of less accessible barriers with operation:  ATV access only, Private/Industrial road access only, Requires ferry to access, etc. | | | | |
| **Determine your workplace class:** | | | | |
| Not Remote/Accessible | Remote/Accessible | Not Remote/Less Accessible | Remote/Less Accessible | |
| **Class 1**  Use Table 3-1 | **Class 2**  Use Table 3-2 | **Class 3**  Use Table 3-3 | **Class 4**  Use Table 3-4 | |
| **Determine your minimum first aid requirements using the resource document linked below:** | | | | |
| <https://www.worksafebc.com/en/resources/health-safety/information-sheets/minimum-first-aid-requirements> | | | | |

## Assessment Results

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| **Section** | **Result** |
| **Part 1: Number of Workers** | **See Part 1.**  Note: Each shift cross referenced with respective Table from Part 3 represents the minimum First Aid Provisions needed during the shift |
| **Part 2: Hazard Level** | Choose an item. |
| **Part 3: Workplace Class** | Choose an item. |

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| **Shift Reference**  (See Part 1) | **First Aid Attendant(s) Required** | **First Aid Supplies Required** |
| **A** | Choose an item. | Choose an item. |
| **B** | Choose an item. | Choose an item. |
| **C** | Choose an item. | Choose an item. |
|  | Choose an item. | Choose an item. |

|  |  |  |  |  |  |
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| **Role** | | **Name** | | **Signature** | |
| Employer Representative | |  | |  | |
| Worker Representative | |  | |  | |
| **Date Approved** | Click or tap to enter a date. | | **Date Next Assessment** | | Click or tap to enter a date. |