

First Aid Drill – Template

Company Name:	
Drill Coordinator:	
Date:	
Time:	
Drill Location:	

Scenario	Description
Minor Injury	
Major Injury	
Rescue from Less Accessible Area (if applicable)	

Evaluation Criteria: First Aid Reporting and Equipment Locations	Yes (✓)	No (X)
Can employees explain the process for reporting workplace injuries?		
Can employees identify the locations of first aid equipment, services, and supplies, including procedures?		
Are employees aware of how to summon a first aid attendant or other help?		
Can first aid attendants specify the locations of first aid equipment and supplies, including procedures?		

Evaluation Criteria: Summoning and Response of First Aid Attendants	Yes (✓)	No (X)
Did all first aid attendants notice and appropriately respond to the first aid summons?		
Were first aid attendants able to safely leave their primary tasks and retrieve a first aid kit (if needed) within 2 to 5 minutes?		
Did the required number of first aid attendants reach the scene within 10 minutes?		
Did a first aid attendant arrive equipped with the necessary first aid supplies?		
Did the first aid attendant inform their supervisor about responding to the first aid call?		
Did the first aid attendant ensure their workstation was left in a safe condition?		
Were emergency services contacted at the correct time?		
Was the designated person able to provide the necessary information to emergency services?		

Important: Do not contact emergency services during first aid drills unless prior arrangements have been made, and the emergency service has consented to participate in a coordinated drill.

Evaluation Criteria: Accessing First Aid Services	Yes (✓)	No (X)
Were first aid supplies and equipment readily accessible to both first aid attendants and workers?		

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Evaluation Criteria: Accessing and Moving Injured Workers	Yes (✓)	No (X)	NA
Can the injured worker call for help?			
Is the responding first aid attendant knowledgeable about the selected area's hazards and safe work procedures?			
Can first aid be administered in the area without endangering the first aid attendant?			
Can the injured worker be safely rescued from the hazardous area without causing further injury?			
Is the necessary rescue equipment readily available to move an injured worker?			
Can workers explain how to access the equipment needed for rescue?			

Evaluation Criteria: Preparing and Transporting Injured Worker (Applicable for remote workplaces).	Yes (✓)	No (X)	NA
Have you verified the capability to transport injured workers to medical facilities?			
Is the necessary equipment for safe transport of an injured worker readily available?			
Can the first aid attendant securely fasten an injured worker to the transport equipment?			
Are there enough workers to assist with lifting and transporting an injured worker to the emergency transport vehicle?			
Can the first aid attendant effectively instruct workers on proper lifting techniques?			
Is an emergency transport vehicle available?			
Can the lifting device be securely placed in the emergency transport vehicle?			
Can a first aid attendant be safely accommodated in the emergency transport vehicle?			
Is the emergency transport vehicle equipped with adequate supplies for attending to the injured worker during transport?			
Does the emergency transport vehicle meet the minimum standards set by first aid regulations?			
Can the first aid attendant effectively communicate with the emergency transport vehicle driver during transport?			



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Evaluation Criteria: Preparing and Transporting Injured Worker (Applicable for remote workplaces).	Yes (✓)	No (X)	NA
Can the designated emergency transport vehicle driver accurately describe the route to the nearest hospital, as per the employer's first aid procedures?			

Evaluation Criteria: Documentation and Reporting Requirements	Yes (✓)	No (X)
Has the first aid attendant involved in the drill completed a mock first aid record for the incident?		
Has the record been reviewed for completeness?		
Are first aid attendants knowledgeable about the documentation and reporting requirements?		

Total Time Elapsed	Goal For Next Drill

Positive elements and observations

Areas for Improvement	Assigned to	Date for Implementation
1.		
2.		
3.		
4.		

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Participant List and Assigned Roles:

Participant Name	Role
	Primary First Aid Attendant
	Secondary First Aid Attendant
	Injured
	Assistance
	Other
	Other
	Other

Drill Coordinator:	
Signature:	
Date:	

Management Review:	
Signature:	
Date:	