



Forms and checklists

This section includes forms and checklists that you can use to develop, implement, and maintain your health and safety program. These forms can either be printed and filled in, or you can complete the forms on your computer and print out and/or save them.

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Health and safety program for craft breweries and distilleries

Use this guideline to help prepare your written health and safety program.

You can use the following framework to help you meet the health and safety needs of your craft brewery or distillery. You'll find space below where you can add specific information on safe work procedures, additional training and orientation topics, and first aid and emergency procedures.

Health and safety policy

(Name of firm)

wants its workplace to be a healthy and safe environment. To achieve this, our firm will establish and maintain a health and safety program designed to prevent injuries and disease. The employer is responsible for providing workers with adequate instruction in health and safety and for addressing unsafe situations in a timely, effective manner. All workers and service contractors are required to work safely and to know and follow our company guidelines for safe work procedures.

Signed: _____ Date: _____

Employer responsibilities include the following:

- Establish the health and safety program.
- Conduct an annual review in (month) _____ of each year.
- Train supervisors.
- Provide a healthy and safe work environment.

Supervisor responsibilities include the following:

- Orient new workers.
- Train workers on an ongoing basis.
- Conduct regular staff safety meetings.
- Perform inspections and investigations.
- Report any health or safety hazards.
- Correct unsafe acts and conditions.

Worker responsibilities include the following:

- Learn and follow safe work procedures.
- Correct hazards or report them to supervisors.
- Participate in inspections and investigations where applicable.
- Use personal protective equipment where required.
- Help create a safe workplace by recommending ways to improve the health and safety program.

Written safe work procedures

You need to have written procedures for high-risk or complex tasks. List these high-risk tasks here. A WorkSafeBC prevention officer may be able to advise you on procedures you need to include. For example, you may need written safe work procedures for using special equipment or working alone. List them in the space below.

Personal protective equipment (PPE)

List any PPE required, when it must be used, and where it can be found. For example, workers may be required to wear eye or hearing protection when using certain equipment. List them in the space below.

Education and training

A supervisor will orient new workers immediately upon hiring. Orientation will include the following topics:

- Supervisor name and contact information
- Worker's basic rights and responsibilities, including how to report unsafe conditions and the right to refuse unsafe work
- Safe work procedures specific to the workplace
- Hazards that the worker may be exposed to
- Procedures for working alone, if the worker is required to do so
- PPE the worker will be required to use, and how to maintain and store it
- Where and how to get first aid and report an injury
- WHMIS information for hazardous materials
- Names and contact information for joint health and safety committee members (or the worker representative)
- Other task-specific instruction, as required
- Locations of fire alarms, fire exits, and meeting points
- Locations of fire extinguishers and how to use them

At the end of the orientation, the worker will receive a copy of this program. The employer will make sure that workers receive further training when necessary to ensure the safe performance of their duties. Tailgate meetings are one way to increase safety awareness.

(For higher-hazard work areas and jobs, orientation in additional topics may be necessary. List these topics here.)

Inspections

A supervisor and a worker will conduct regular inspections to identify hazards and recommend ways to eliminate or minimize the risks. Inspections will also look at how work is performed.

Serious hazards or unsafe work practices found during inspections or observed by workers, supervisors, or the employer will be dealt with immediately. Other hazards will be dealt with as soon as possible.

Inspections will be performed on a _____ basis.

(State how often inspections will be performed – typically once a month or at other intervals that prevent the development of unsafe working conditions. It's useful to inspect the workplace before a staff meeting so results can be discussed with staff. You can use the "Inspection Checklist.")

Hazardous products and substances

(If you use hazardous products or substances at your workplace, list them here. Also list the location of safety data sheets and any applicable written safe work procedures.)

First aid

This workplace keeps a *(type)* _____ first aid kit in the *(location)*

(Give the name of your first aid attendant if one is required. Also provide ambulance and hospital phone numbers.)

Emergency preparedness

- **Fire** — See the fire plan posted at *(location)*.

Fire extinguishers are located at *(list locations)*.

(Names of employees)

are trained to use them.

- **Earthquake** — An annual inspection will be conducted, focusing on objects that may pose a hazard during an earthquake. The exit and marshalling procedures are the same as for fires. *(Or, if not, note the location of earthquake procedures here.)*

Investigating incidents

A supervisor and a worker must investigate injuries or near misses on the same day they occur. Any incident that results in an injury requiring medical treatment, or that had the potential for causing serious injury, must be investigated immediately. The purpose of an investigation is to find out what went wrong, determine if our health and safety practices were faulty, and, most importantly, recommend actions that will prevent the problem from recurring. *(You can use the “Employer Incident Investigation Report.”)*

Records and statistics

Accurate health and safety records provide an excellent gauge to determine how we are doing. We maintain the following records and review them annually:

- Claims statistics
- First aid records
- Completed inspection lists
- Occurrence investigations
- Safety data sheets
- WorkSafeBC inspection reports

These records are kept at *(location)*.

Medical records will be handled in a manner that respects confidentiality.

Annual review of health and safety program

Use this checklist to review the effectiveness of your health and safety program.

Purpose

The purpose of reviewing your health and safety program is to make sure it's up-to-date and effective. A program review helps identify the strengths and weaknesses of your program and allows you to focus on the areas that need improvement. Involve employees in the review process.

How to use this checklist

- If you answer “no” to any of these questions, take action to correct the deficiency in your program.
- If you are unsure what a question means, refer to the Occupational Health and Safety Regulation or contact the Prevention Information Line at 604.276.3100 in the Lower Mainland or 1.888.621.7233 (621.SAFE) toll-free in Canada.

Company name:

Date of review:

Conducted by:

Written program	Yes	No
1. Do you have a written program?		
2. Is a copy easily accessible?		
3. Have you posted a copy of your program?		
4. Does your written program include a policy statement?		
5. Does your policy clearly state the responsibilities of:		
- The employer?		
- Managers and supervisors?		
- Workers?		

Safe work procedures	Yes	No
6. Does your written program list all the written safe work procedures that you have developed for your craft brewery or distillery?		
7. Have you reviewed these safe work procedures in the last year?		
8. Have you posted safe work procedures near any hazardous equipment or machinery used at your craft brewery or distillery?		
9. If any employee works alone, have you developed written procedures for safeguarding the worker's well-being?		
10. Have you conducted a risk assessment and developed procedures for preventing violence in the workplace?		
11. Do you have written rules prohibiting horseplay and the use of drugs and alcohol at work?		
12. Do you enforce rules prohibiting horseplay and the use of drugs and alcohol at work?		
13. Do you keep records when you discipline workers for not following these rules?		
Identifying hazards and assessing risks	Yes	No
14. Do you have a method of identifying hazards?		
15. When hazards have been identified, do you conduct a risk assessment to help determine the best way to eliminate or control the risks?		
Education and training	Yes	No
16. Does your orientation of new workers include information and instruction on your health and safety program?		
17. Does your orientation of new workers include training on the safe work procedures used at your craft brewery or distillery?		
18. Do you inform new workers about work rules prohibiting horseplay and the use of drugs at work?		
19. Have you observed workers to determine if they need refresher training in safe work procedures?		
20. Did you provide instruction and training for any new procedures, processes, equipment, or machinery that you introduced in the last year?		
21. Have supervisors and workers received training on how to conduct safety inspections and incident investigations?		

Safety inspections	Yes	No
22. Do you inspect your workplace regularly?		
23. Do a supervisor and a worker conduct the inspection?		
24. Do you observe workers during inspections?		
25. Do you have a method of reporting hazards between inspections?		
26. Do you have a system for rating hazards?		
27. Do you discuss the results of inspections at monthly safety meetings?		
28. Do you have a system of following up on identified hazards to ensure they have been corrected?		
Hazardous materials	Yes	No
29. Do you have an inventory of hazardous products used in your workplace?		
30. Does each hazardous product have a corresponding SDS?		
31. Are SDSs readily available to workers, and do workers know where to get them?		
32. Do you have a way to check that new hazardous products include SDSs?		
33. Do workers understand how to read SDSs and know what they mean?		
34. Do you check all hazardous products for supplier labels when received?		
35. Are decanted products labelled?		
36. Are labels legible?		
37. Do workers know what hazardous products are used at your craft brewery or distillery?		
38. Do workers know how to handle, store, and dispose of hazardous products safely?		
Investigating incidents	Yes	No
39. Do you have a method for workers to report accidents and near misses?		
40. Do you investigate all accidents and near misses?		
41. Do you focus on finding the root causes during incident investigations?		
42. Do you take recommended corrective action identified during investigations?		

First aid	Yes	No
43. Have you confirmed that all workers know the location of the first aid kit?		
44. Do workers know who the first aid attendant is, how to contact first aid, and how to get help in emergencies?		
45. Have you instructed workers to report all injuries?		
46. Do you record all injuries?		
Records and statistics	Yes	No
47. Do you keep records of the following?		
- Orientation of new workers		
- Education and training		
- Injuries and other incidents		
- Inspection reports		
- Incident investigation reports		
- Monthly health and safety meetings		
48. Do you review accident statistics to see if trends are developing?		
Monthly meetings	Yes	No
49. Do you hold monthly safety meetings?		
50. Do workers attend most of these meetings?		
51. Do you include an educational topic on your agenda?		

New worker orientation checklist

Use this checklist as a starting point for training new workers.

Employee name:

Position (tasks):

Date hired:

Date of orientation:

Person providing orientation (name and position):

Company name:

Topic	Initials (trainer)	Initials (worker)	Comments
1. Supervisor name: Telephone #:			
2. Rights and responsibilities (a) General duties of employers, workers, and supervisors			
(b) Worker right to refuse unsafe work and procedure for doing so			
(c) Worker responsibility to report hazards and procedure for doing so			

Topic	Initials (trainer)	Initials (worker)	Comments
3. Workplace health and safety rules (a) (b) (c) (d) (e)			
4. Known hazards and how to deal with them (a) Confined spaces (b) Carbon dioxide (c) Hot surfaces and boiling liquids (d) (e) (f) (g)			

Topic	Initials (trainer)	Initials (worker)	Comments
5. Safe work procedures for carrying out tasks (a) (b) (c) (d) (e) (f)			
6. Procedures for working alone or in isolation			
7. Measures to reduce the risk of violence in the workplace and procedures for dealing with violent situations			

Topic	Initials (trainer)	Initials (worker)	Comments
<p>8. Personal protective equipment (PPE) — what to use, when to use it, where to find it, and how to care for it</p> <p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p> <p>(e)</p> <p>(f)</p>			
<p>9. First aid</p> <p>(a) First aid attendant name and contact information</p>			
<p>(b) Locations of first aid kits and eye wash facilities</p>			
<p>(c) How to report an illness, injury, or other accident (including near misses)</p>			

Topic	Initials (trainer)	Initials (worker)	Comments
10. Emergency procedures (a) Locations of emergency exits and meeting points			
(b) Locations of fire extinguishers and fire alarms			
(c) How to use fire extinguishers			
(d) What to do in an emergency situation			
11. Where applicable, basic contents of the health and safety program			
12. Hazardous materials and WHMIS (a) Hazardous products in the workplace			
(b) Hazards of the products used by the worker			
(c) Purpose and significance of hazard information on product labels			

Topic	Initials (trainer)	Initials (worker)	Comments
(d) Location, purpose, and significance of safety data sheets (SDSs)			
(e) How to handle, use, store, and dispose of hazardous products			
(f) Procedures for an emergency involving hazardous products, including cleanup of spills			
13. Where applicable, contact information for the joint health and safety committee or the worker health and safety representative			

Inspection checklist

Use this checklist for your regular safety inspections. Go over every aspect of your craft brewery or distillery to identify possible hazards. Add or delete items as necessary for your particular operation.

Floors and walkways	Yes	No
Are floors kept dry?		
If supplies or materials are stored on the floor, are they away from doors and aisles?		
Other:		
Other:		
Other:		
Other:		
Stairs, ladders, and platforms	Yes	No
Are ladders safe and in good condition?		
Are stair handrails fastened to the wall securely?		
Are stairwells clear of materials and equipment?		
Are stairs and handrails in good condition?		
Are ladders and stairs provided with anti-slip treads?		
Other:		
Other:		
Other:		
Other:		

Walls	Yes	No
Are signs and fixtures securely fastened to the wall?		
Other:		
Other:		
Other:		
Other:		
Lighting	Yes	No
Are lighting levels in work areas adequate?		
Are work areas free of glare or excessive lighting contrast?		
Is task lighting provided in areas of low light or high glare?		
Does emergency lighting work?		
Other:		
Other:		
Other:		
Other:		
Storage	Yes	No
Are supplies and materials stored safely so they will not fall?		
Are trolleys, dollies, and wheelbarrows available to move heavy items?		
Are floors around shelves clear of rubbish?		
Are racks and shelves in good condition?		
Other:		
Other:		
Other:		
Other:		

Electrical	Yes	No
Are electrical cords in good repair?		
Is there clear access to electrical panels and switch gear?		
Are electrical cords secured?		
Are proper plugs used?		
Are plugs, sockets, and switches in good condition?		
Are ground fault circuit interrupters available, if required?		
Are portable power tools in good condition?		
Other:		
Other:		
Other:		
Other:		
Equipment and machinery	Yes	No
Are equipment and machinery kept clean?		
Is the equipment regularly maintained?		
Are operators of all equipment properly trained?		
Are motor start-stop switches clearly marked and in easy reach?		
Is machinery adequately guarded (for example, grain mill hopper access)?		
Is there enough work space?		
Are noise levels controlled?		
Are fumes and exhaust controlled?		
Do you have a lockout procedure in place for operational equipment and electrical switch gear?		
Other:		
Other:		
Other:		
Other:		

Ergonomics	Yes	No
Is equipment seating properly adjusted for the operator?		
Are computer display screens positioned at a comfortable viewing level?		
Other:		
Other:		
Other:		
Other:		
Fire safety and security	Yes	No
Are fire extinguishers clearly marked?		
Are fire extinguishers properly installed on walls?		
Have fire extinguishers been inspected within the last year?		
Are workers trained to use fire extinguishers?		
Are flammable liquids properly stored?		
Will space heaters shut off automatically if tipped over?		
Are emergency phone numbers close to phones?		
Are smoke, fire, and burglar alarms in place?		
Are emergency exits clearly marked?		
Are emergency lights in working condition?		
If sprinkler systems are in place, have they been inspected regularly?		
Other:		
Other:		
Other:		
Other:		

Entrances and exits	Yes	No
Is there safe access for workers and visitors?		
Are emergency exits clear of materials or equipment?		
Are emergency exit signs working?		
Are emergency lighting units provided? Are they working?		
Are confined space procedures in place where workers are required to enter a confined space that has been identified and provided with warning signage by the employer?		
Other:		
Other:		
Other:		
Other:		
First aid	Yes	No
Is the first aid kit accessible and clearly labelled?		
Is the first aid kit adequate and complete?		
Is the first aid kit clean and dry?		
Are emergency numbers displayed?		
Do workers know where to go in an emergency and who to call for first aid?		
Are injury report forms readily available (Form 7)?		
Do workers know who the first aid attendant is?		
Other:		
Other:		
Other:		
Other:		

Garbage	Yes	No
Are bins located at suitable points?		
Are bins emptied regularly?		
Are hoses arranged and stored to prevent tripping hazards?		
Other:		
Other:		
Other:		
Other:		
Hazardous products	Yes	No
Are safety data sheets (SDSs) provided for all hazardous products?		
Are containers clearly labelled?		
Are hazardous products properly stored?		
Are hazardous products disposed of properly?		
Are the safety showers or eyewash units working?		
Are incompatible chemicals stored away from each other?		
Other:		
Other:		
Other:		
Other:		
Environment	Yes	No
Are workers protected from the cold or excessive heat?		
Are workers protected from excessive or irritating noise?		
Other:		
Other:		
Other:		
Other:		

General worker questions	Yes	No
Do workers know where to find SDSs for chemical products?		
Do workers know where to find PPE (for example, gloves or eye protection)?		
Do workers know how to use PPE?		
Do workers use PPE properly?		
Eye/face protection		
Footwear		
Gloves		
Protective clothing		
Aprons		
Respirators		
Other PPE:		
Other PPE:		
Other PPE:		
Other:		
Other:		
Other:		
Safe work practices	Yes	No
Do workers use proper manual lifting techniques?		
Are wastes disposed of properly?		
Do workers know the procedures for working alone or in isolation?		
Do workers know how to work safely when handling and moving kegs?		
Do workers operate forklifts and machinery safely, following safe work procedures?		
Other:		
Other:		
Other:		
Other:		

Inspection report

Use this form to develop a report for recording the results of your regular workplace inspections.

Company name:

Date:

Inspectors' names:

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

Employer incident investigation report (form 52E40)

The Employer Incident Investigation Report (form 52E40) is provided to employers for documenting the employer's investigation into a workplace incident. You can complete and submit an EIIR at worksafebc.com.

Employer Incident Investigation Report (EIIR)

Please refer to the companion [quick guide](#), for assistance completing the investigation and this form.

RESET

1. Employer's information

Employer's name (legal name and trade name)

WorkSafeBC account number	Operating location number	
Employer's head office address		
City	Province	Postal code
Employer's representative's name		Phone number (include area code)
Email address		

2. Injured persons

Last name	First name	Job title
a)		
b)		
c)		
d)		

3. Place, date, and time of incident

Location where incident occurred (street address or GPS coordinates)

City (nearest)	Province	Postal code
Date of incident (yyyy-mm-dd)	Time of incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

4. Type of occurrence (select all that apply)

<input type="checkbox"/> Death of a worker	<input type="checkbox"/> Dangerous incident involving explosives other than blasting incident
<input type="checkbox"/> Serious injury to a worker	<input type="checkbox"/> Diving incident, as defined by regulation
<input type="checkbox"/> Major structural failure or collapse	<input type="checkbox"/> Incident of fire or explosion with potential for serious injury
<input type="checkbox"/> Major release of hazardous substance	<input type="checkbox"/> Minor injury or no injury but had potential for causing serious injury
<input type="checkbox"/> Blasting accident causing personal injury	<input type="checkbox"/> Injury requiring medical treatment beyond first aid

An incident investigation report is NOT required under the Workers Compensation Act if none of the above applies or if this incident is a vehicle accident occurring on a public street or highway.

5. Report type (select all that apply) If this is a revised version of a previous report, please check here .

<input type="checkbox"/> Preliminary Investigation Report <small>If requested only, provide a copy to WorkSafeBC.</small>	<input type="checkbox"/> Interim Corrective Action Report	<input type="checkbox"/> Full Investigation Report <small>Must be provided to WorkSafeBC within 30 days* Fax 1.866.240.1434</small>	<input type="checkbox"/> Full Corrective Action Report
Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)	Report date (yyyy-mm-dd)
Officer's name		Date sent (yyyy-mm-dd)	

52E40

10. Nature of the serious injury (optional – complete only if there has been an injury)

<input type="checkbox"/> Life threatening or resulting in loss of consciousness	<input type="checkbox"/> Punctured lung or other serious respiratory condition
<input type="checkbox"/> Major broken bones in head, spine, pelvis, arms, or legs	<input type="checkbox"/> Injury to internal organ or internal bleeding
<input type="checkbox"/> Major crush injuries	<input type="checkbox"/> Injury likely to result in loss of sight, hearing, or touch
<input type="checkbox"/> Major cut with severe bleeding	<input type="checkbox"/> Injury requiring CPR or other critical intervention
<input type="checkbox"/> Amputation of arm, leg, or large part of hand or foot	<input type="checkbox"/> Diving illness such as decompression sickness or near drowning
<input type="checkbox"/> Major penetrating injuries to eye, head, or body	<input type="checkbox"/> Serious chemical or heat/cold stress exposure
<input type="checkbox"/> Severe (third-degree) burns	<input type="checkbox"/> Other (specify)

52E40

End of report

Completing all the sections above satisfies the requirements for a Preliminary Investigation Report and an Interim Corrective Action Report.

Note: If this was a simple investigation and all needed corrective actions have been completed within 48 hours, the Preliminary and Full Investigation portions of the report can be completed at the same time. If so, you can check both the Preliminary Investigation Report and the Full Investigation Report boxes in section 5 on page 1.

As of January 1, 2016, copies of all reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

52E40

End of report

Completing all the sections above satisfies the requirements for a Full Investigation Report and a Full Corrective Action Report.

Employers are required to submit full investigation reports to WorkSafeBC within 30 days* of the incident. Reports may be submitted by fax to 604.276.3247 (Greater Vancouver), toll-free fax 1.866.240.1434, or by mail to PO Box 5350, Stn Terminal, Vancouver BC V6B 5L5. Do NOT submit a preliminary report unless you have been so directed by a WorkSafeBC officer.

* Employers can request an extension from a WorkSafeBC officer, if the full investigation cannot be completed within 30 days. As of January 1, 2016, copies of all reports must also be provided to the joint occupational health and safety committee or worker representative, as applicable.

52E40

Monthly health and safety meeting record

Use this sheet to record what has been discussed at your monthly health and safety meetings.

Company name:

Date:

Inspectors' names:

1. Incidents

List all incidents that have occurred since your last meeting, or attach copies of incident reports to this record.

2. Results of monthly inspection

List all hazards in the table below, or attach a copy of your inspection report to this record.

	Year to date	Previous year
Number of accidents	_____	_____
Number of near misses	_____	_____
Number of WorkSafeBC claims	_____	_____

Type of hazard (critical, urgent, or important)	Describe hazard and precise location	Recommended corrective action	Person responsible for remedial action	Date remedied

3. Education and training

List new safe work procedures and other matters discussed.

4. Other concerns

List other health and safety concerns discussed.

5. Next meeting

- Date and time of next meeting:
- List any matters that need to be followed up at the next meeting:

Level 1 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

Quantity	Items	✓
3	Blankets	
24	14 cm x 19 cm wound cleaning towelettes, individually packaged	
60	Hand cleansing towelettes, individually packaged	
100	Sterile adhesive dressings, assorted sizes, individually packaged	
12	10 cm x 10 cm sterile gauze dressings, individually packaged	
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties	
2	7.5 cm x 4.5 m crepe roller bandages	
1	2.5 cm x 4.5 m adhesive tape	
4	20 cm x 25 cm sterile abdominal dressings, individually packaged	
6	Cotton triangular bandages, minimum length of base 1.25 m	
4	Safety pins	
1	14 cm stainless steel bandage scissors or universal scissors	
1	11.5 cm stainless steel sliver forceps	
12	Cotton tip applicators	
1	Pocket mask with a one-way valve and oxygen inlet	
6	Pairs of medical gloves (preferably non-latex)	
	First aid records and pen	

Level 2 first aid kit

These items must be kept clean and dry and must be ready to take to the scene of an accident. A weatherproof container is recommended for all items except the blankets. Blankets should be readily available to the first aid attendant.

Note: A Level 3 first aid kit is the same as the Level 2 kit described here, except for the recommended addition of a portable suction unit.

Quantity	Items	✓
3	Blankets	
24	14 cm x 19 cm wound cleaning towelettes, individually packaged	
60	Hand cleansing towelettes, individually packaged	
150	Sterile adhesive dressings, assorted sizes, individually packaged	
12	10 cm x 10 cm sterile gauze dressings, individually packaged	
4	10 cm x 16.5 cm sterile pressure dressings with crepe ties	
10	20 cm x 25 cm sterile abdominal dressings, individually packaged	
12	Cotton triangular bandages, minimum length of base 1.25 m	
2	2.5 cm x 4.5 m rolls of adhesive tape	
2	5 cm x 4.5 m rolls of adhesive tape	
6	7.5 cm x 4.5 m crepe roller bandages	
1	500 mL sterile 0.9% sodium chloride solution (saline) in unbreakable container	
1	60 mL of liquid antibacterial soap in unbreakable container	
1	Universal scissors	
1	11.5 cm stainless steel sliver forceps	
1	Penlight or flashlight with batteries	
1	7.5 cm x 4.5 m esmarch gum rubber bandage	
6	Pairs of medical gloves (preferably non-latex)	

Quantity	Items	✓
1	Portable oxygen therapy unit consisting of a cylinder (or cylinders) containing compressed oxygen, a pressure regulator, a pressure gauge, a flow meter, and a non-rebreathing mask (may be kept in a separate container from the other supplies)	
1	Oropharyngeal airway kit (may accompany the portable oxygen therapy unit)	
1	Manually operated self-inflating bag-valve mask unit with an oxygen reservoir (may accompany the portable oxygen therapy unit)	
6	Patient assessment charts	
1	Pocket mask with a one-way valve and oxygen inlet	
1	Portable suction unit (recommended for Level 3 first aid kit)	
	First aid records and pen	

First aid record (form 55B23)



First Aid Record

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC.

Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial reporting date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Follow-up report date and time (yyyy-mm-dd) (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Initial report sequence number	Subsequent report sequence number(s)

Description of how the injury, exposure, or illness occurred (What happened?)

Description of the nature of the injury, exposure, or illness (What you see — signs and symptoms)

Description of the treatment given (What did you do?)

Name of witnesses

1.	2.
----	----

Arrangement made relating to the worker (return to work/medical aid/ambulance/follow-up)

Provided worker handout Alternate duty options were discussed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	A form to assist in return to work and follow-up was sent with the worker to medical aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
First aid attendant's name (please print)	First aid attendant's signature		
Patient's signature			