

SITE ASSESSMENT FORM

1. General Information

Organization Name: _____

Contact Name: _____

Job Title: _____ Contact Number: _____

Address: _____

City: _____ State: _____

Country: _____ Postal Code: _____

2. Site Information

2.1 Community

Total number of people on site at peak times (including visitors): _____

Total number of people on site at off-peak times (including visitors): _____

Approximate average age of people on site: 0-10 ☐ 11-20 ☐ 21-30 ☐ 31-40 ☐ 51-60 ☐ 61-70 ☐

Approximately what percentage of the organization's population is able-bodied and mobile?

0-20% ☐ 21-40% ☐ 41-60% ☐ 61-80% ☐ 81-100% ☐

2.2 Emergency Facilities

Is a nurse's clinic available on site? Yes ☐ No ☐

If yes, please provide the following details.

Name: _____ Phone Number: _____

Location: _____ Hours of Operation: _____

Are there first responders on site trained in first aid? Yes ☐ No ☐

If yes, please provide name and location of each first responder:

Name	Location	Level Trained (First Aid, CPR, AED, Other)



How often do the first responders refresh their training? _____

Who provides first aid training? (Please check all that apply.)

ERC ☐ Red Cross ☐ Local First Aid Trainer ☐ Distributor ☐ Other: _____

In the event of an emergency, how are first responders notified? (Please check all that apply.)

Telephone ☐ In Person ☐ Radio ☐ Alarm ☐ Other: _____

How do first responders respond to an emergency? Individually ☐ Team ☐

What is the response process? (Attach if available.)

How is EMS notified? (Please check all that apply.)

Telephone ☐ Radio ☐ Other: _____

By whom is EMS notified? (Please check all that apply.)

Witness ☐ First Responder ☐ Security ☐ Safety ☐ Medical ☐ Other: _____

Are first aid kits available on site? Yes ☐ No ☐

If yes, please state location(s): _____

Is there any emergency equipment on site (fire alarms, fire extinguishers, etc.)? Yes ☐ No ☐

If yes, please describe:

Is there a process in place for inspection, service and review of emergency equipment? Yes ☐ No ☐

If yes, please describe:

2.3 Off-Site Emergency Facilities

How close is the nearest EMS/ambulance unit located?

Within 3 Miles ☐ Within 5 Miles ☐ Beyond 5 Miles ☐

What is the estimated time for EMS to arrive on site after a call is placed?

0-3 Minutes ☐ 3-5 Minutes ☐ 5-10 Minutes ☐ Greater than 10 Minutes ☐

What is the estimated time to travel from the site to the nearest hospital?

0-3 Minutes ☐ 3-5 Minutes ☐ 5-10 Minutes ☐ Greater than 10 Minutes ☐

2.4 Fitness Facilities

Are fitness facilities available on site? Yes ☐ No ☐

If yes, please provide the following information:

Who uses the fitness facilities? Staff ☐ Students ☐ General Public ☐

Facility Contact Name: _____

Location: _____ Contact Number: _____

2.5 History of Medical Emergencies

How many times has EMS been required in the last 12 months? _____ In the last 5 years? _____

List the type of emergencies that have occurred:

Sudden Illness	Sudden Injury

2.4 Site Geography

Approximate area of site coverage (m² or ft²): _____

Please list each building and the number of floors in each:

Building Name or Description	Number of Floors

Please list each outside work/storage area:

Work/Storage Area Name or Description	Location

Please list any areas that are not easily accessible (e.g. closed/locked):

Area	Location

Are there factors that might restrict EMS access? (e.g. train tracks, barriers, elevators, guards, etc.) Yes ☐ No ☐

If yes, please describe: _____

3. Guidelines for Determining Quantity of AEDs

At least one device will be required per facility. A single unit may be recommended if the facility meets these guidelines:

- Single building with a total size of $\leq 15,000 \text{ m}^2$ (150,000 ft^2)
- Single floor
- Outside work area is ≤ 1 hectare (2.5 acres)
- There are no inaccessible areas to responders

For buildings that don't meet this criteria, calculate the number of AEDs as follows:

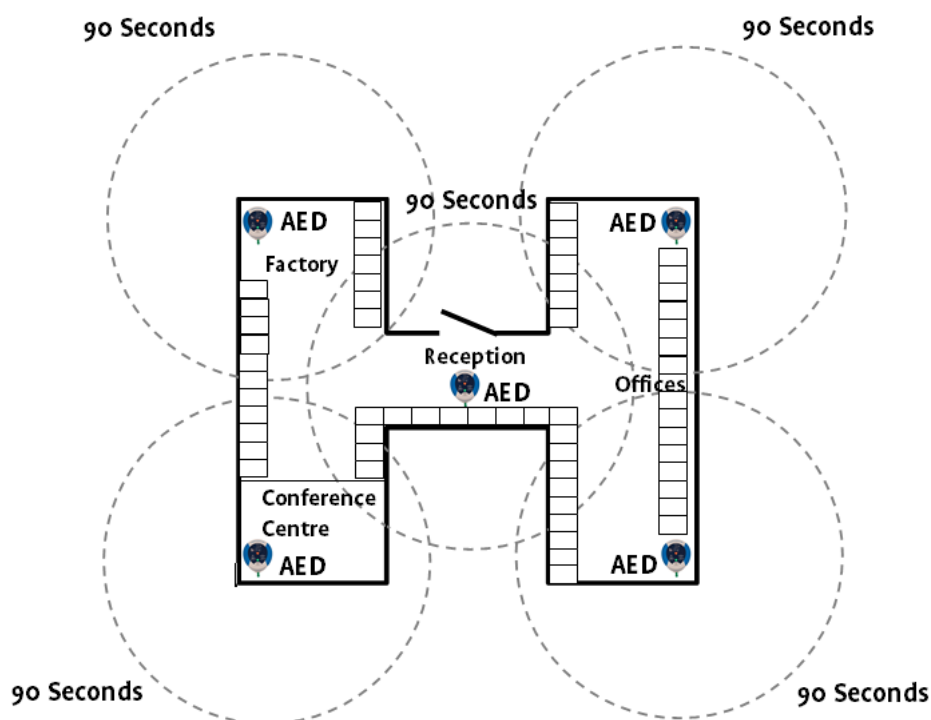
One per 15,000 m^2 (150,000 ft^2) of building space:	_____
One per two floors in a building:	_____
One per hectare (2.5 acres) of outside working area:	_____
One per inaccessible or restricted work area:	_____
One per public area:	_____
One per emergency team that requires its own response equipment:	_____
One per team of remote workers (of two or more people):	_____
One or more for field trips or off-site sports or competitions:	_____

Total recommended number of units based on evaluation:

4. Guidelines for Determining Placement of AEDs

These guidelines are based on the assumption that the AED is not located next to a first responder. If, however, on-site first responders are equipped with an AED, the coverage time can be doubled.

4.1 Sample Floor Plan



4.2 Process for AED Placement

1. Attach a detailed facility diagram provided by the client. If one is not available, please use the grid on the following page to draw a rough sketch of the facility. Please try to use the grid to provide some sense of scale.
2. Calculate a first responders 90 second coverage. (This can be done by measuring the distance a person can walk briskly within 90 seconds.)
3. Use the distance measured to place circles of that diameter to maximize coverage.

4.3 Recommended Placement of AEDs

Please list the recommended locations for each AED:

AED	Location



Inventor. Innovator. Lifesaver.

Additional Notes:

information provided.