✓ ChecklistGuro

Mining First Aid & Medical Response Checklist

Incident Notification & Reporting

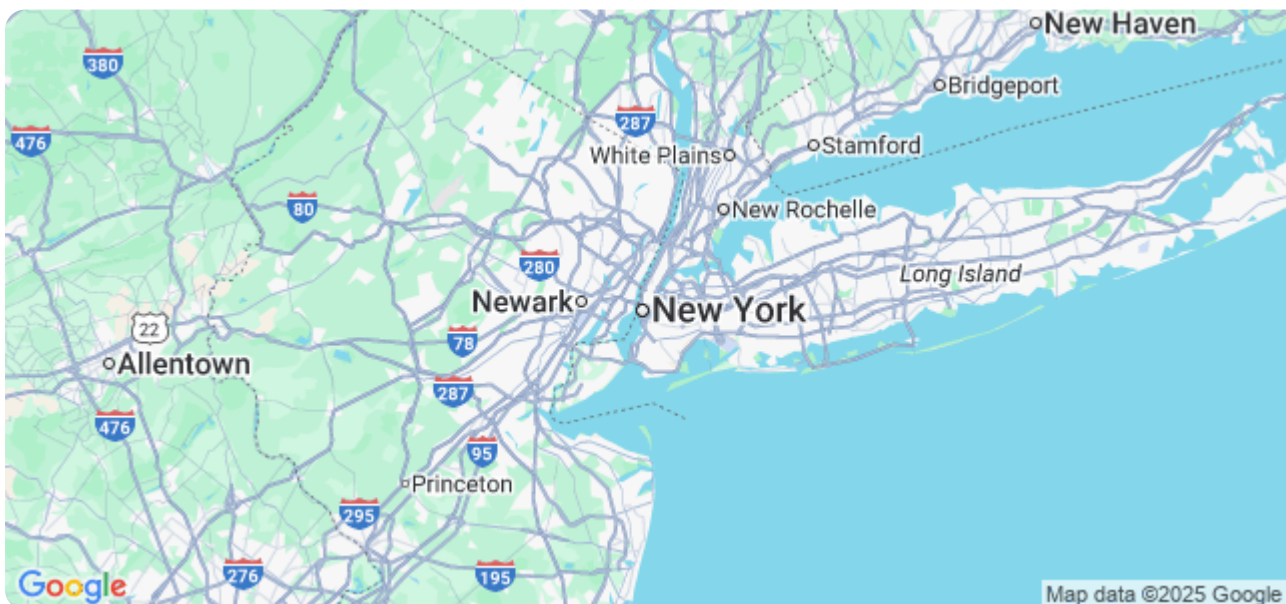Verify procedures for immediate incident notification and detailed reporting are followed.

Date of Incident

Enter date...

Time of Incident

Location of Incident (GPS Coordinates)

⦿ Set My Current Location

Brief Description of Incident

Write something...

Type of Injury/Illness

☐ Cut/Abrasion

☐ Fracture/Sprain

☐ Chemical Exposure

☐ Respiratory Issue

☐ Other

Number of Employees Involved

Enter a number...

Attach Photo/Video of Incident Scene (Optional)

⬆ Upload File

Was Emergency Services Contacted?

☐ Yes

☐ No

First Aid Kit Inspection & Replenishment

Check for adequate supplies, expiry dates, and proper storage of first aid kits.

Inspection Date

Enter date...

Bandage Count

Enter a number...

Antiseptic Wipe Count

Enter a number...

Gauze Pad Count

Enter a number...

Oxygen Supply Status

☐ Full
☐ Partial
☐ Empty
☐ N/A

First Aid Manual Present?

☐ Yes
☐ No

Notes/Comments

Write something...

Expiry Date of Key Item (e.g., Oxygen)

Enter date...

Emergency Contact Information

Confirm emergency contact details are readily available and up-to-date.

Mine Site Emergency Coordinator Name

Write something...

Emergency Coordinator Phone Number

Enter a number...

Nearest Hospital Name

Write something...

Hospital Phone Number

Enter a number...

Ambulance Service Contact

Write something...

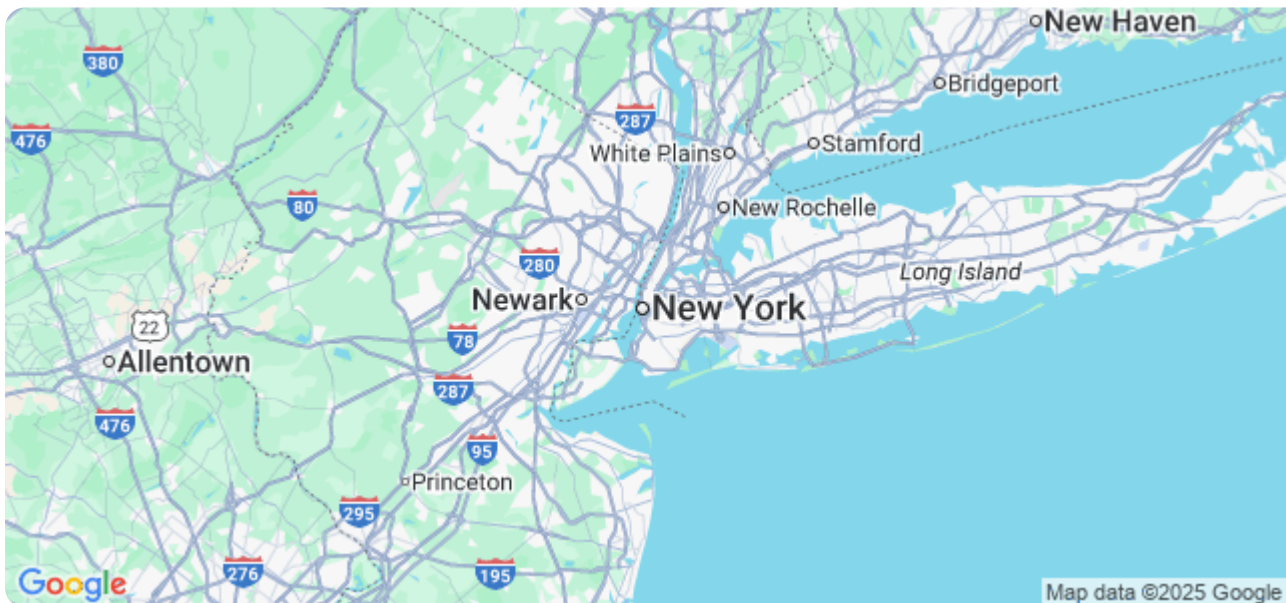## Ambulance Dispatch Number

Enter a number...

Additional Emergency Contacts (Names & Numbers)

Write something...

Nearest Medical Facility Location (GPS Coordinates)

📍 Set My Current Location

Medical Personnel Availability

Assess the availability and qualifications of on-site or nearby medical personnel.

Number of Registered First Aiders On-Site

Enter a number...

Medical Personnel Qualifications (e.g., Paramedic, Nurse, Doctor)

- ☐ Paramedic
- ☐ Registered Nurse
- ☐ Medical Doctor
- ☐ Other - Specify in Long Text

Details if 'Other' qualification selected above

Write something...

Expiry Date of Medical Personnel Certifications

Enter date...

Typical Availability Window of Medical Personnel

Remote Medical Support Availability (Telemedicine)

- ☐ Available
- ☐ Not Available

Notes on Medical Personnel Availability

Write something...

First Aid Response Procedures

Review adherence to established first aid procedures for various injuries and illnesses.

Injury Type

☐ Minor Cut/Abrasion

☐ Sprain/Strain

☐ Burn

☐ Fracture/Dislocation

☐ Chemical Exposure

☐ Other

Detailed Description of Incident

Write something...

Estimated Blood Loss (ml)

Enter a number...

Initial Treatment Provided

☐ Wound Cleaning

☐ Bandaging

☐ Immobilization

☐ CPR

☐ Oxygen Administration

☐ None

Date of Treatment

Enter date...

Time of Treatment

First Responder Signature

Communication Systems

Ensure effective communication systems are in place for requesting and coordinating medical assistance.

Primary Communication Method (Incident)

☐ Radio

☐ Phone

☐ Satellite Phone

☐ Emergency Beacon

Radio Channel in Use

Enter a number...

Backup Communication Method

- ☐ Radio
- ☐ Phone
- ☐ Satellite Phone
- ☐ Emergency Beacon

Last Communication System Test Date

Enter date...

Typical Response Time (Minutes)

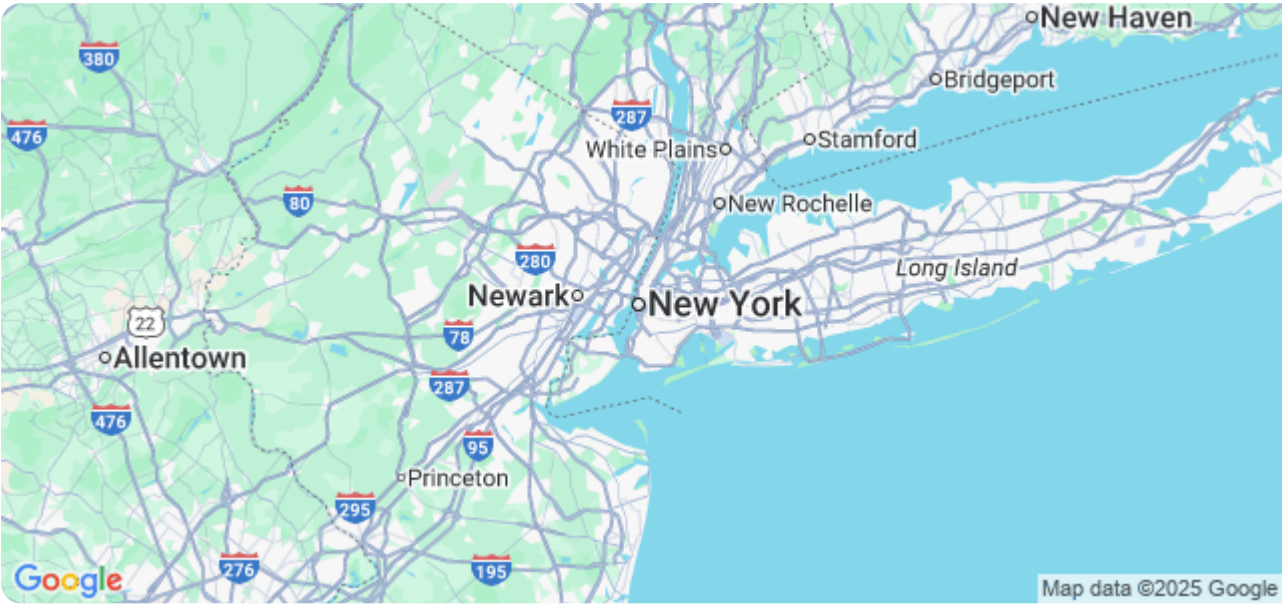## Notes on Communication System Issues/Observations

Write something...

Evacuation Procedures

Verify procedures for safe patient evacuation from the mine site.

Designated Evacuation Assembly Point

📍 Set My Current Location

Current Evacuation Route Clear of Obstructions?

☐ Yes

☐ No

☐ Not Applicable

Estimated Evacuation Time (Minutes)

Enter a number...

Last Evacuation Drill Date

Enter date...

Evacuation Drill Start Time (if applicable)

Any unusual observations during evacuation preparation?

Write something...

Training Records Verification

Confirm employees have received adequate first aid and medical response training with current certifications.

Employee ID

Enter a number...

Training Type

- ☐ Basic First Aid
- ☐ Advanced First Aid
- ☐ CPR/AED
- ☐ Emergency Response
- ☐ Other

Training Completion Date

Enter date...

Training Hours Completed

Enter a number...

Training Certificate (Optional)

⬆ Upload File

Trainer Qualification Level

☐ Level 1
☐ Level 2
☐ Level 3

Next Renewal Date

Enter date...

Equipment Functionality

Check the functionality of medical response equipment (e.g., stretchers, oxygen).

Oxygen Cylinder Pressure (PSI)

Enter a number...

AED Battery Level (%)

Enter a number...

Stretcher Operational Status

☐ Functional
☐ Needs Repair
☐ Out of Service

First Aid Kit Contents – Inspection Status

☐ Complete

☐ Minor Replenishment Required

☐ Significant Replenishment Required

Last Inspection Date of Medical Equipment

Enter date...

Time of Equipment Functionality Check

Incident Debriefing & Review

Assess the process for post-incident debriefing and review to identify areas for improvement.

Debriefing Date

Enter date...

Debriefing Time

Summary of Incident

Write something...

Observations & Lessons Learned

Write something...

Contributing Factors (Select all that apply)

- ☐ Equipment Failure
- ☐ Procedure Non-Compliance
- ☐ Communication Breakdown
- ☐ Training Deficiency
- ☐ Environmental Factors
- ☐ Other

Proposed Corrective Actions

Write something...

Number of Attendees

Enter a number...

Overall Effectiveness of Response

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Debriefing Facilitator Signature