

This form is provided to document when First Aid and other OHS coordination duties will be provided by a worker other than a regular member of the Site Management Team for the Project and which workers they will be covering.

Project _____

Date & Time of Coverage Starting _____

Date & Time of Coverage Ending _____

First Aid Attendant (FAA)

This worker must complete a **Site Safety Orientation – First Aid Attendant** for this project

Name	_____	OFA Level	_____
Employer	_____	Certificate Expiry Date	_____

Worker(s) covered

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |

Hot Work Permits or other OHS coordination duties

None Yes Details

<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Incident Notification Protocol

If there is an incident that involves sending a worker to medical aid, a fatality, fire, or near miss situations, the **First Aid Attendant (FAA)** will:

Immediately after assessing the situation and securing the safety of the public and the other workers, contact the **Site Superintendent** or the **Safety Manager**.

See the **Emergency Contacts** posted on the Site Bulletin Board for contact numbers.

FAA initial here to acknowledge understanding of Incident Notification Protocol

Coverage Agreement

The First Aid Attendant identified above is qualified and agrees to fulfill the responsibilities of First Aid Attendant for this project in accordance with the OHS Regulation and PCML H&S Program during the specified period. This worker will also perform any other OHS coordination duties, including Fire Watch, on behalf of PCML as identified above.

FAA Signature

Date

PCML Site Superintendent [or designate] Signature

Date