



اتوریٹی کے شعبہ سائنس کلامین  
کھیتین دن عالم سکیتز  
Safety, Health and Environment  
National Authority

## SELF-ASSESSMENT CHECKLIST: FIRST AID REQUIREMENT AT THE WORKPLACE

DOC NO.:  
**SHENA/CID/REG/5-208**  
(REV.1)  
MAR 2023

### IMPORTANT

This self-assessment checklist is a tool to ensure that Employers, Employees, Occupiers and Principals complied on the requirements for the provision of first aid at the workplace under the Workplace Safety and Health Order, 2009 and Workplace Safety and Health (First-Aid) Regulations, 2021. This checklist only acts as a guide and should not be construed as implying any liability nor should it be taken to encapsulate all the responsibilities and obligations of the Employers, Employees, Occupiers and Principals under the law. If you answer 'No', you are advised to address the gaps or hazards that you have identified at your workplace. You may need to do more than one assessment and you are advised to reassess your workplace as and when required to ensure you always maintain a safe workplace.

**This Checklist does not require submission to SHENA unless SHENA explicitly instructs you to do so.** However, a copy of the filled in checklist should be kept by the HSE focal point of your company/organisation at all times.

For further references on First Aid, you can refer to the Workplace Safety and Health (First-Aid) Regulations, 2021, and 2023/IGN/02 on Requirements of First Aid at SHENA website. SHENA reminds all Employers, Employees, Occupiers and Principals to comply with their legal obligations under the laws of Brunei Darussalam including, but not limited to, the Employment Order, 2009 (S 37/2009) and the Worker's Compensation Act (Chapter 74).

|  |   |   |           |            |  |
|--|---|---|-----------|------------|--|
| <b>NAME OF COMPANY &amp; OFFICE ADDRESS</b>  |   |   |           |            |  |
| <b>PROJECT TITLE (as relevant)</b>   |   |   |           |            |  |
| <b>WORKPLACE ADDRESS (If not the same as company address)</b>  |   |   |           |            |  |
| <b>TOTAL NUMBER OF WORKERS AT WORKPLACE LICABLE FOR THIS FORM</b>  |   | <b>NAME AND PHONE NO. OF KEY CONTACT PERSON</b> |           |            | <b>REMARKS/ JUSTIFICATION/ EXPLANATION</b> |
|  |   | <b>EMAIL ADDRESS OF KEY CONTACT PERSON</b>      |           |            |  |
|  |   | <b>YES</b>                                      | <b>NO</b> | <b>N/A</b> |  |
| <b>A</b>   | <b>WORKPLACE DESCRIPTION</b>  |   |           |            |  |
| 1  | Please tick the most appropriate description of your workplace:                 |   |           |            |  |
|  | i. Workplace dealing with machinery, equipment, or hazardous substance.         |   |           |            |  |
|  | ii. Workplace which has 25 or more employees.                                   |   |           |            |  |
|  | iii. Hospital, medical clinic, and ambulance.                                   |   |           |            |  |
| <p><i>If you ticked 'yes' on part i, your workplace is legally mandated to appoint at least 1 First Aider regardless of the number of employees.</i><br/><i>If you ticked 'yes' on part ii, your workplace is legally mandated to appoint a First Aider; with a minimum ratio of 1 for every 50 persons employed.</i><br/><i>If you ticked 'no' on part i &amp; ii, your workplace is recommended to appoint a First Aider</i><br/><i>If you ticked 'yes' on part iii, the Workplace Safety Health (First-Aid) Regulations, 2021 does not apply to these workplaces.</i></p> |   |   |           |            |  |
| <b>B</b>   | <b>PROVISION OF FIRST-AID BOXES</b>   |   |           |            |  |
| 2  | There is sufficient first-aid box at each floor of the building in a workplace. |   |           |            |  |
| 3  | First aid box provided in the workplace is:                                     |   |           |            |  |
|  | i. Adequately equipped.   |   |           |            |  |
|  | ii. Properly maintained.  |   |           |            |  |
|  | iii. Frequently checked and ensure all items are usable.                        |   |           |            |  |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   | iv.  | Clearly identified as a first-aid box.   |  |  |  |  |
|   | v.   | Placed in a location that is well-lit and accessible.  |  |  |  |  |
|   | vi.  | Put under the care of trained first aiders appointed by the Occupier.  |  |  |  |  |
|   | vii.   | Carrying materials required for first aid treatment only.  |  |  |  |  |
| <b>Please refer to Table 1: Minimum Content of First Aid Box and Ratio of Employees to First Aid Box of the IGN 02/2022: First Aid Requirements in a Workplace.</b> |  |  |  |  |  |  |
| <b>C</b>  | <b>FIRST AIDER</b>   |  |  |  |  |  |
| 4   | Appointed First Aider:   |  |  |  |  |  |
|   | i.   | Trained in Occupational First Aid Treatment Training.  |  |  |  |  |
|   | ii.  | Attended a refresher training course once first aid certification is beyond validity period as required by SHENA.  |  |  |  |  |
|   | iii.   | Maintains a record of all treatment undertaken.  |  |  |  |  |
|   | iv.  | Submits treatment records to the Occupier.   |  |  |  |  |
| <b>Please refer the suggested example of content that should appear in the Treatment Record Form from IGN 02/2022: First Aid Requirements in a Workplace.</b>       |  |  |  |  |  |  |
| <b>D</b>  | <b>OCCUPIER</b>  |  |  |  |  |  |
| 5   | Occupier of the workplace:   |  |  |  |  |  |
|   | i.   | Keeps the treatment record for a period of not less than 5 years.  |  |  |  |  |
|   | ii.  | Appoints a trained First Aider.  |  |  |  |  |
|   | iii.   | Ensures that in a shift work schedule (if applicable), the ratio of the number of first aiders per shift shall comply with the ratio of one first-aider for every 50 persons employed. |  |  |  |  |
|   | iv.  | Provides emergency treatment of any person in a workplace who may be exposed to toxic or corrosive substances.   |  |  |  |  |
|   | v.   | Provides suitable facilities for quick drenching or flushing of the eyes and body.   |  |  |  |  |
|   | vi.  | Affixes a notice in the workplace stating the names and photographs of the appointed first aiders.   |  |  |  |  |
| <b>E</b>  | <b>FIRST AID ROOM</b>  |  |  |  |  |  |
| 6   | For a workplace with more than 100 persons at work, First Aid Room is provided and maintained. |  |  |  |  |  |
| <b>Prepared by:<br/>(Signature, Name,<br/>Designation &amp; Date)</b>   |  | <b>Verified by:<br/>(Signature, Name,<br/>Designation &amp; Date)</b>  |  |  |  |  |

**SHENA SEEKS THE SUPPORT OF ALL RELEVANT STAKEHOLDERS  
TO ENSURE BRUNEI A SAFE PLACE TO WORK AND LIVE**

For further inquiries and clarification, please contact u

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