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ON-SITE EMERGENCY MEDICAL RESPONSE NEEDS
ASSESSMENT

Location of your site (given by street address that shows up on the 911 system):

How many entrances from public streets lead to your site?
(please give alternative street addresses to entrances, if these exist).

When was the last time that you invited your local fire department/rescue squad on site to review your emergency action plan (EAP)?

Are there any physical encumbrances that might delay response to your site by local emergency services? (Traffic back-up, railroad crossings, neighbors with hazardous materials or operations, etc.)

Medical Emergency Supply Data: Please fill out the following grid indicating the number of supplies at their current locations. When giving information on first aid kits, note the number in each location and their rating. Please list other medical emergency supplies/equipment, if present.

Department	First Aid Kit *	CPR Mask or Shield	Bloodborne Pathogens Kit	Emergency Shower/Eye Wash	Fire Blanket	Other:	Other:

* First aid kits are rated as to the number of people they will serve (i.e.: 5 person, 25 person rated, etc.)

Do you have a system for inspection of the emergency medical supplies/equipment? If so, please describe.