Site Assessment Form

This form is designed to establish the number of emergency response stations appropriate for a specific occupational site. While it allows for many of the critical issues relevant to this decision, additional information may be applied to alter site requirements.

Use one form per facility or unattached area.

GENERAL INFORMATION

Organization Name: Facility Location / Designator:

Address: City: County: Post code:

Site Contact:
(AED Coordinator) Title:

Phone: Fax: E-mail:

Site Assessor: Date:

ASSESSMENT INFORMATION

1. POPULATION CHARACTERISTICS

		SHIFT	***1***	***2***	***3***
1.1	Number of full-time employees:				
1.2	Number of part-time employees:				
1.3	Number of outside contractors on site:				
1.4	Number of visitors/guests per day:				
		TOTAL			

2. COMMUNICATION

2.1 Are 999 services available to each company site? Yes☐ No☐

2.2 Describe internal communications systems that could/will be used in an emergency.

_____

2.3 Do you have an internal response team? Yes☐ No☐

If "yes" how many per shift? Shift 1: _____Shift 2: _____Shift 3: _____

2.4 How are they notified in case of an emergency?

_____

2.5 How do they communicate with each other?

_____

2.6 What is their response process? (Attach Emergency Response Plan if available)

Individual response☐ Team response☐

2.7 Do you have any specialized response teams with their own equipment?

Yes☐ No☐ If "yes" how many? _____

3. AMBULANCE SERVICE CAPABILITIES

3.1 Where is the nearest ambulance unit located? Within 3 Miles☐ Within 5 Miles☐

The secondary unit? Within 10 Miles☐ < 10 Miles ☐

3.2 What is the estimated response time from your site to the nearest hospital?

0-3 Min☐ 3-5 Min☐ 5-10 Min☐ < 10 Min☐

3.3 Who is first on site? First Responder☐ Ambulance☐

3.4 Are they equipped with AEDs? Yes☐ No☐

4. SITE GEOGRAPHY

4.1 Square footage of site: _____

4.2 Number of floors: _____

4.3 Floor dimensions: _____

4.4 Number of outside work/storage areas: _____

4.5 List all areas that may not be easily accessible by responders including closed or locked areas:

a)_____ c)_____

b)_____ d)_____

4.6 List any geographical factors that might delay a responder reaching a person at the site: (e.g. train tracks, restricted areas, elevators)

a)_____ b)_____

4.7 List any distant/remote areas that are difficult to reach or separate from "main" personnel areas: (e.g. warehouse, inventory yard)

5. POPULATION AGE

5.1 Approximate average age of workforce: 20-30☐ 30-40☐ 40-50☐ < 50☐

5.2 Approximate % of employees <u>over</u> 40 years: _____

6. HISTORY OF MEDICAL EMERGENCIES

6.1 Has the ambulance service responded to your facility in the past 12 months? Yes☐ No☐

In the Past 5 years? Yes☐ No☐

6.2 List the types of emergencies that have occurred?

Sudden Illnesses:	Sudden Injury:
_____	_____
_____	_____
_____	_____

7. TRAINING COURSES

7.1 Is CPR training conducted here? Yes☐ No☐

If "Yes" How often _____ By whom_____ # trained_____

7.2 Is first aid training offered here? Yes☐ No☐

If "Yes" How often _____ By whom_____ # trained_____

8. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) EQUIPMENT

8.1 Is there an AED currently at your workplace? Yes☐ No☐

How many? _____ Where is it located? _____

8.2 What make of AED do you have?_____

8.3 How do you handle replenishment of your AED supplies?

Purchase Order☐ Catalog☐ Other:_____

9. AED QUALITY CONTROL

9.1 Do you have in-house medical expertise for the AED program?

_____

9.2 Do you receive AED training? Yes☐ No☐

If "Yes" , who provides training?_____# Trained____

Which course? ERC ☐ Red Cross ☐ Other:_____

9.3 Is there a system for service, equipment, inspection and review? Yes☐ No☐

9.4 Is there a database management system that tracks instruction, learning, and performance evaluation? Yes☐ No☐

Placement Worksheet

RECOMMENDED NUMBER OF AEDs

These are the suggested maximum conditions when recommending only (1) unit:

- Facility has only one floor
- Size of the facility is ≤ 150,000 sq. ft
- Outside work area is ≤ 2 acres
- There are no areas inaccessible to responders

Recommended minimum number of AED units: ____

In the presence of any of the following factors an additional AED is recommended:

- For every 150,000 sq ft over 150,000 sq ft _____
- For every additional 2 acres of outside work area _____
- For every 3rd floor of a multi-floor building _____
- For every inaccessible work area/floor _____
- For every public lobby _____
- For every Specialized Response Team that requires their own response equipment _____

Total Recommended units: _____

Total Recommended units based on walk through: _____

During the walk through a different number of units may be determined than previously calculated on the worksheet. If these numbers are different, provide an explanation below of the circumstances or issues found on the walk through that led to this difference:

_____

_____

_____

RECOMMENDED UNIT LOCATIONS

AED	Location
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

*Attach floor plan with unit number listed above as designator for location.

**If no floor plan is available use attached grid to sketch building dimensions and designate locations.

CONFIDENTIALITY AND DISCLAIMER

The Site Assessment Form has been developed by Cardiac Science for the express purpose of evaluating the customer's workplace and for making recommendations on AED quantity, placement and related training. Customer understands the forgoing has been developed and created as an internal process by Cardiac Science using its experience and expertise.

Customer further understands that any recommendation made under this Site Assessment is non-binding on both Customer and Cardiac Science. The location and number of AED units is ultimately the Customer's decision. Customer agrees that this document is the confidential work product of Cardiac Science and that it may be disclosed to the appropriate internal personnel of Customer who need to know such information for the purpose of implementing our Heartsafe Program.

Site Contact Signature: _____

Date of Signature: _____

Attach detailed facility diagram provided by client, or do a rough sketch on the grid provided. Try to use the grid squares to provide some sense of scale. Then add 90-second and 3-minute response circles to give visual representation of equipment placement for the client (justifying additional recommended placements) and to aid Cardiac Science service specialists in the future.

Facility Diagram

CARDIAC science

DEFIB WAREHOUSE

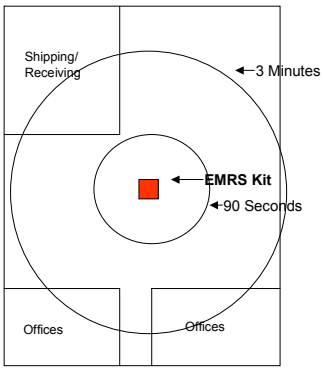
Equipment Placement Guideline

Example 1

Single Placement

- Centralized Response (someone will take the equipment to the emergency).
- Circles done by having client walk briskly as far as they can within 90 seconds

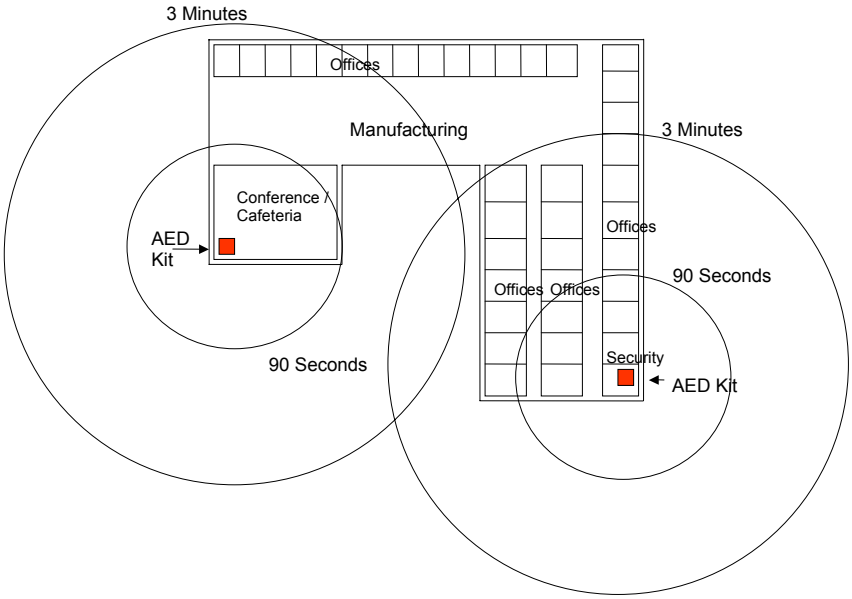
  and 3 minutes, then charting distance on map.
- Note unprotected area beyond 3-minute circle.



Example 2

Multiple Placement

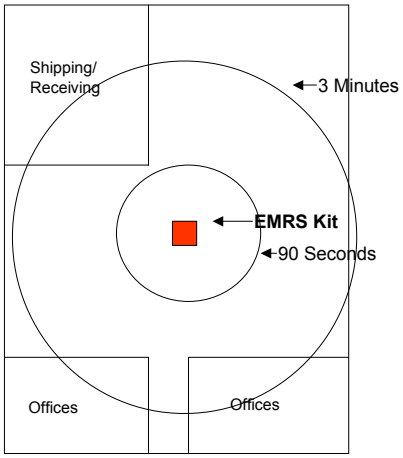
- Combination Response (security will bring equipment plus high occupancy area to be protected).
- Circles done by having client walk briskly as far as they can within 90 seconds and 3 minutes, then charting distance on map.
- Note unprotected area beyond 3-minute circle.



Example 3

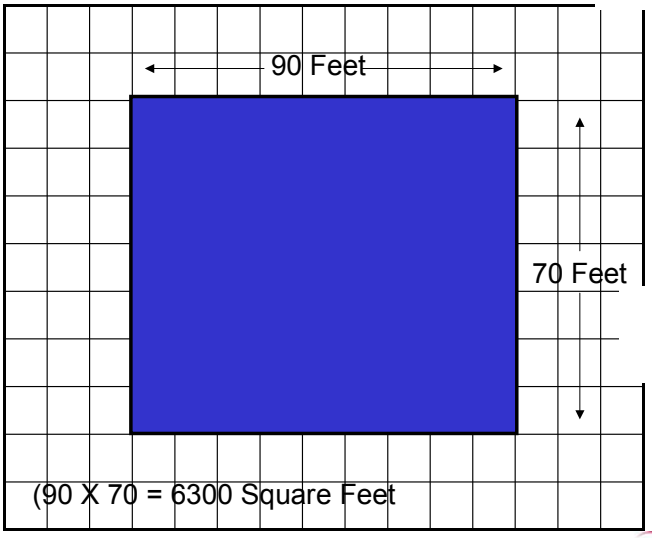
Single Placement

- Decentralized Response (someone must travel from scene to equipment, then back to scene resulting in smaller radius).
- Circles done by having client walk briskly as far as they can within 90 seconds and 3 minutes, then charting distance on map. In decentralized model, chart distance, then cut by half.



How to Use Grids

- Choose a value for each square (10 feet for example—in a huge facility each square might equal 50 or 100 feet).
- Measure or estimate total length and width of building or area being assessed. Length X width = square footage.
- Draw outer perimeter first, then fill in important interior detail. Significant interior detail might include areas of high occupancy (meeting rooms, etc.) or the executive's office who had a heart attack last year, et



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