

# First Aiders Audit

Company  
/dept name

Date   /  /  

Carried out by (name) \_\_\_\_\_

	Name	Still currently employed Y/N	Dept covered	Risk in dept high/med/low	Level of qualification EFAW/FAW	Qualification expiry date	Refresher due date	Issue (flag here if training needed)
1	minimum							
2	minimum							
3								
4								
5								
6								
7								

**Additional notes and considerations**

Book further training at [www.splattraining.co.uk](http://www.splattraining.co.uk)

If you are in any doubt about your first aid requirements or to check your certificate dates, please contact Splat training.

