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| **Faculty**  **/**  **Directorate** | **Dept.** | **Maximum No. of Staff and Students** | **No. First Aiders**  (Completed 3 Day First Aid at Work)  **No. Life Savers**  (Completed1 day Emergency First Aid) | **Names & Job Titles of First Aiders**  Please specify  **F/T** or **P/T** | **Location of First Aiders** | **Needs Assessment**  (**Refer to** pages 4-5 of HSE Leaflet on First Aid Your Questions Answered – **Checklist for the Assessment of First Aid Needs**) | **Location of First Aid Boxes**  **+ Responsible Person** | **Key Contact/s**  e.g. Name of Facilities Manager / First Aid  Co-ordinator in charge of First Aid for Directorate / Faculty |
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