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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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