

# First Aid Record

Use this form to record workplace injuries.

Date of Injury or Illness: \_\_\_\_\_

Time of Injury or Illness: \_\_\_\_\_

Name of Person Injured: \_\_\_\_\_

Time and Date Reported: \_\_\_\_\_

Occupation: \_\_\_\_\_

## DESCRIPTION OF INJURY OR REPORT OF ILLNESS

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## NATURE OF INJURY OR ILLNESS

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## TREATMENT(S)

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Supervisor's or First Aid Attendant's Signature: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

Names of Witnesses: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## REFERRAL OF CASE AND REMARKS

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