Appendix A: Sample First Aid Record Form

First Aid Record (Sample)

Date of injury or illness: _____________________________ Time: ______ AM □ PM □
Day   Month   Year

Date injury or illness
Reported to First Aider: _____________________________ Time: ______ AM □ PM □
Day   Month   Year

Full name of injured or ill worker: ___________________________________________

Description of the injury or illness:
________________________________________________________________________
________________________________________________________________________

Description of where the injury or illness occurred/began:
________________________________________________________________________
________________________________________________________________________

Cause of the injury or illness:
________________________________________________________________________
________________________________________________________________________

First aid provided? Yes □ (If yes, complete the rest of this page) No □

Name of first aider: _______________________________________________________

First aid qualifications:

Emergency First Aider □ Emergency Medical Technician- Paramedic □
Standard First Aider □ Emergency Medical Technician – Ambulance □
Advanced First Aider □ Emergency Medical Technician □
Registered Nurse □ Emergency Medical Responder □

First Aid provided:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CONFIDENTIAL
Keep this record for at least 3 years from the date of injury or illness