**FIRST AID LOG SHEET**

Form must be completed by the First Aider or designate.

Form must be kept available.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month Year

|  |  |
| --- | --- |
| **Name of Injured Person** |  |
| **Date of Injury (Day/Month/Year)** |  |
| **Time of Injury**  |  |
| **Name of Witness(es)** |  |
| **Nature/Location of Treatment** |  |
| **Name of First Aider** |  |

|  |  |
| --- | --- |
| **Name of Injured Person** |  |
| **Date of Injury (Day/Month/Year)** |  |
| **Time of Injury**  |  |
| **Name of Witness(es)** |  |
| **Nature/Location of Treatment** |  |
| **Name of First Aider** |  |

|  |  |
| --- | --- |
| **Name of Injured Person** |  |
| **Date of Injury (Day/Month/Year)** |  |
| **Time of Injury**  |  |
| **Name of Witness(es)** |  |
| **Nature/Location of Treatment** |  |
| **Name of First Aider** |  |

The Health and Safety Coordinator will collect this log each month.