FIRST AID RECORD

|  |  |  |
| --- | --- | --- |
| DATE OF INJURY OR ILLNESS | TIME |  |
| MONTH/DAY/YEAR |  | * AM
* PM
 |
| DATE INJURY OR ILLNESS REPORTED TO FIRST AID PROVIDER/SUPERVISOR | TIME |  |
| MONTH/DAY/YEAR |  | * AM
* PM
 |

**EMPLOYEE INFORMATION**

|  |
| --- |
| EMPLOYEE NAME |
|  |
| EMPLOYEE TITLE | EMPLOYEE PHONE NUMBER |
|  |  |
| SUPERVISOR NAME | SUPERVISOR PHONE NUMBER |
|  |  |

**INJURY/ILNESS INFORMATION**

|  |
| --- |
| DESCRIPTION OF INJURY/ILLNESS |
|  |
| DESCRIPTION OF WHERE INJURY/ILLNESS OCCURRED/BEGAN |
|  |
| CAUSE(S) OF INJURY |
|  |

**FIRST AID INFORMATION**

|  |
| --- |
| FIRST AID PROVIDED |
|  NO YES (IF YES, COMPLETE REMAINDER OF FORM) |
| FIRST AID PROVIDER NAME |
|  |
| FIRST AID QUALIFICATIONS |
|  |
| FIRST AID PROVIDED TO INJURED/ILL EMPLOYEE |
|  |