

Appendix D: First Aid Record Form

Date of Injury or Illness (dd/mm/yyyy)

Time am/pm

Reported to First Aider (dd/mm/yyyy)

Time am/pm

Full name of Injured or Ill Worker

Description of the Injury or Illness

Description of where the Injury or Illness occurred/began

Cause of Injury or Illness

First Aid Provided? Yes (if yes, complete the rest of this page) No

Name of First Aider

First Aid Provided

CONFIDENTIAL

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