**NOTE: If completing by hand, add returns to fields that require additional space before printing this document.**

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| **INSTRUCTIONS****The First Aider** completes Sections A and B and submits the record to:1. the injured employee’s supervisor.

**The Supervisor** completes Section C, and1. reviews the completed record with the manager
2. retains the completed record in a confidential file at the workplace for at least three years from the date of injury or illness.
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|  |  |
| --- | --- |
| **SECTION A** | **Injury or Illness Reported** |
| Name of Employee | Date (yyyy/mm/dd) | Time (24 hr clock) |
|       |       |       |
| Department | Workplace and Address |
|       |       |

|  |
| --- |
| **SECTION B** |
| Name of First Aider | Description of First Aid Provided |
|       |       |

**Qualifications of First Aider**

[ ]  Emergency [ ]  Standard [ ]  Advanced [ ]  Nurse [ ]  Emergency Medical Responder

[ ]  Emergency Medical Technician – Paramedic [ ]  Emergency Medical Technician - Ambulance

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of First Aider |  | Date (yyyy/mm/dd) |

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| **SECTION C** |
| **Injury Sustained or Illness Started** |
| Date (yyyy/mm/dd) | Time (24 hr clock) |
|       |       |
| Describe Injury or Illness |
|       |
| How did Injury or Illness Occur |
|       |
| Was Medical Aid Required?[ ]  Yes [ ]  No | Was a copy of this report requested and provided to the employee?[ ]  Yes [ ]  No If Yes, have employee initial \_\_\_\_\_\_\_\_\_ |

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| Cause of Injury or Illness |
|       |
| Corrective Actions |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |  |
| Signature of Supervisor S |  | Name of Supervisor (PRINT) |  | Date (yyyy/mm/dd) |
|  |  |       |  |  |
| Signature of Manager |  | Name of Manager (PRINT) | Date (yyyy/mm/dd) |