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

|  |
| --- |
| **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, and   1. 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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) |

|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_ | |

|  |
| --- |
| 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) |