

First Aid Record



Send all Completed forms to Russell.Warwick@SD8.bc.ca

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC

Date of Report:

Type of Report		Initial Reporting Date and Time
<input type="checkbox"/> Initial Report	<input type="checkbox"/> Follow up	
Name of Injured Worker		Occupation
Date of Injury or Exposure		Time of Injury or Exposure
Location	Witness #1	
	Witness #2	

Description of how the injury, exposure or illness occurred

Description of the nature of the injury, exposure or illness (apparent injuries to any body parts, symptoms etc.)

Description of treatment given

Arrangements made relating to the worker

<input type="checkbox"/> Informed Supervisor of the Injury	<input type="checkbox"/> Return to First Aid Attendant for follow up
<input type="checkbox"/> Return to work	<input type="checkbox"/> Seek further medical aid/go to doctor
<input type="checkbox"/> Other	

First Aid Attendant's Name:	First Aid Attendant's Signature:	Patient's Signature: