

First Aid Record Sheet

Supervisors are required to complete this form and keep a record of all circumstances involving an accident as described by the injured worker.

Name (provide department and position)	Location (provide department & building)	Date	Time	Description of Injuries (provide details of the injury: left/right side, area of body, injury type)	Description of First Aid Provided (provide details of first aid and kit materials used)	Person Providing First Aid (provide name, department and position)