

First Aid Incident Log Sheet

This record must be completed following any first aid incident. Print and store in accordance with privacy and record-keeping policies.

1. General Information

Date of Incident:	<input type="text"/>	Time of Incident:	<input type="text"/>
Location of Incident:	<input type="text"/>		

2. Injured Person Details

Full Name:	<input type="text"/>	Contact Number:	<input type="text"/>
Classification: (Employee, Visitor, Student, Contractor, etc.)	<input type="text"/>	Department/Company:	<input type="text"/>

3. Details of Incident

What happened? (Describe the events leading to the injury/illness):
<input type="text"/>
<input type="text"/>

4. Injury and Treatment Details

Nature of Injury/Illness: (e.g., Cut, Burn, Fracture, Sprain)	<input type="text"/>
Affected Body Part(s): (e.g., Left wrist, Right eye)	<input type="text"/>
First Aid Treatment Provided: (e.g., Bandage applied, Ice pack, Cleaned wound)	<input type="text"/>
First Aider Name:	<input type="text"/>
Further Action Required / Referral: (e.g., Returned to work, Sent to hospital, Sent home)	<input type="text"/>

5. Signatures (Sign after printing)

First Aider Signature:	<input type="text"/>	Date:	<input type="text"/>
Injured Person Signature: (If able to sign)	<input type="text"/>	Date:	<input type="text"/>