

FIRST AID REPORT

(To be completed by the injured worker)

Purpose

To record minor injuries that do not require medical attention from a doctor, chiropractor, nurse or hospital. The recording of all first aid cases also assists the Joint Health and Safety Committee in making your job safer.

Procedure

The worker shall complete the form for all first aid situations. The form shall be returned to your Manager.

FIRST AID INFORMATION

Name of injured person: _____

Date & Time of accident: _____

Date & Time Reported: _____

Type of Injury: _____

Part of body affected: _____

Treatment given _____

Treatment by: _____

Signature: _____

Does the worker plan to seek medical attention from a doctor or hospital? Yes ___ No ___

- If yes, an accident report form shall be filled out along with appropriate WCB forms immediately. Contact the employer if yes.
- If no, this report is adequate. Remember to notify your manager immediately of the situation.