

FIRST AID FORM INSTRUCTION SHEET

EMPLOYEE NAME:

The employee's full name is required here, including middle initial.

SSN (SOCIAL SECURITY NUMBER):

The employee's correct Social Security number is required. Supervisory employees completing the form should ensure entry of the correct number.

DATE AND TIME OF INJURY:

The exact date of injury as provided by the injured employee should be entered here. It is important to be as precise as possible.

INJURY:

A brief description of the cause(s) of injury, including body parts involved.

TYPE OF FIRST AID:

A brief description of the First Aid rendered should be entered here, along with the name of the administrator.

OUTSIDE MEDICAL TREATMENT OFFERED:

Whether professional medical treatment by legally certified doctors or nurses was offered, yes or no.

SIGNATURE OF INJURED:

The injured employee should both sign and provide the date of signature in this entry. It is mandatory that the injured employee complete both items.

SIGNATURE OF PREPARER:

The supervisory/administrative employee that questioned the injured employee and completed the general entries should sign here and enter the date.

ALL ENTRIES MUST BE COMPLETED AS INSTRUCTED. THESE GENERAL INSTRUCTIONS SHOULD BE KEPT IN A FIRST AID LOG BINDER FOR EASY REFERENCE BY THE SAFETY DIRECTOR. IT IS NOT NECESSARY TO COMPLETE A FIRST AID LOG ENTRY ON OCCASIONS WHEN ASPIRIN, ETC., ARE PROVIDED TO EMPLOYEES FOR NON-WORK-RELATED CONDITIONS.

FIRST AID FORM

NAME

SSN#

DATE & TIME OF INJURY

AM

PM

OUTSIDE TREATMENT REQUIRED

INJURY

TYPE OF FIRST AID

SIGNATURE OF INJURED

DATE

SIGNATURE OF PREPARER

DATE