FIRST AID INCIDENT REPORT

Name of injured person:			
Date:		**Time:**	: *Tick am or pm* ☐ am ☐ pm
Brief description of what happened:			
First aid provided: *Please tick as relevant*	☐ CPR provided ☐ Defibrillation provided ☐ Oxygen given	☐ Injury Bandaged ☐ *Medication Administered **Medication administered (please write details):*	☐ Other (please write details):
Outcome: *Please tick as relevant*	☐ Continued work/study ☐ Referred to own doctor ☐ Hospital by ambulance	☐ Hospital by car ☐ Casualty refused/declined first aid when offered	☐ Other (please write details):
Incident reported to:	☐ Workplace supervisor ☐ Parent/ Carer /Next of kin	☐ Regulatory authority	☐ Other (please write details):
First Aider Name:		**Phone Number:**	

Additional Comments:

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