## FIRST AID LOG

This form or the logbook must be completed by the First Aider and kept available.

| Name of Injured Person |  |
| --- | --- |
| Date of Injury (D/M/Y)  |  |
| Personal / Work related(please circle) |  |
| Time of Injury |  |
| Name of Witness |  |
| Name of First Aider |  |
| Description of how incident happened |  |
| Description of how injury could have been prevented: |  |

| Name of Injured Person |  |
| --- | --- |
| Date of Injury (D/M/Y)  |  |
| Personal / Work related(please circle) |  |
| Time of Injury |  |
| Name of Witness |  |
| Name of First Aider |  |
| Description of how incident happened |  |
| Description of how injury could have been prevented: |  |

| Name of Injured Person |  |
| --- | --- |
| Date of Injury (D/M/Y)  |  |
| Personal / Work related(please circle) |  |
| Time of Injury |  |
| Name of Witness |  |
| Name of First Aider |  |
| Description of how incident happened |  |
| Description of how injury could have been prevented: |  |

| Name of Injured Person |  |
| --- | --- |
| Date of Injury (D/M/Y)  |  |
| Personal / Work related(please circle) |  |
| Time of Injury |  |
| Name of Witness |  |
| Name of First Aider |  |
| Description of how incident happened |  |
| Description of how injury could have been prevented: |  |