



This record must be kept by the employer for three (3) years.  
 This form must be kept at the employer's workplace and is **not**  
 to be submitted to WorkSafeBC.

# FIRST AID RECORD

Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Initial reporting date and time (yyyy-mm-dd) a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Follow-up report date and time (yyyy-mm-dd) a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Initial report sequence number	Subsequent report sequence number(s)

## Description of how the injury, exposure, or illness occurred (What happened?)

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## Description of the nature of the injury, exposure, or illness (What you see – signs and symptoms)

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## Description of the treatment given (What did you do?)

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## Name of witnesses

1.	2.
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## Arrangements made relating to the worker (return to work/medical aid/ambulance/follow-up)

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Provided worker handout	Yes <input type="checkbox"/>	No <input type="checkbox"/>	A form to assist in return to work and follow-up was sent with the worker to medical aid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alternate duty options were discussed	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
First aid attendant's name (please print)			First aid attendant's signature		
Patient's signature					