WORK SAFE BC

First Aid Record

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC.

Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) ☐ a.m. ☐ p.m.
Initial reporting date and time (yyyy-mm-dd) (hh:mm) ☐ a.m. ☐ p.m.	Follow-up report date and time (yyyy-mm-dd) (hh:mm) ☐ a.m. ☐ p.m.
Initial report sequence number	Subsequent report sequence number(s)

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

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

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

Name of witnesses

1.	2.

Arrangement made relating to the worker (return to work/medical aid/ambulance/follow-up)

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