MINOR INJURY / FIRST AID REPORT

Location: Safety Office

Contact:
*Please list all incidents, no matter how minor on this log.*

*A follow up meeting will occur after each incident.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE/ TIME | Name of Injured Person | **Department** | **Nature of Injury** **and Cause** | **Treatment Provided** | **ONSITE****Utilized** | **Further Treatment Advised?** | **Follow up & Date** |
| **EXAMPLE: 11/12/16@ 3PM** | **John Doe** | **Bakery** | **Abrasion with bleeding. Trip and fall on cord**  | **Cleaned, applied antiseptic ointment and dressed** | **Yes** [x]  **No** [ ]  | **Yes** [ ]  **No** [ ]  | **Come back in 3 days if redness increases (infected). 11/15/2016** |
|  |  |  |  |  | **Yes** [ ] **s No** [ ]  | **Yes** [ ]  **No X**[ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |
|  |  |  |  |  | **Yes** [ ]  **No** [ ]  | **Yes** [ ]  **No** [ ]  |  |