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.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| DATE/ TIME | Name ofInjured 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  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** |  |