

Sample First Aid Log Form

Required Information	Comments/Description
<p>The worker's name</p> <p>The date and time of the injury or illness</p> <p>The date and time the worker pursued first aid or reported the injury or illness</p> <p>A description of the illness or injury as well as details about what caused it and where it happened</p> <p>The first aid treatment given</p> <p>The name and qualifications of the person who gave first aid</p>	
<p>Notes</p>	