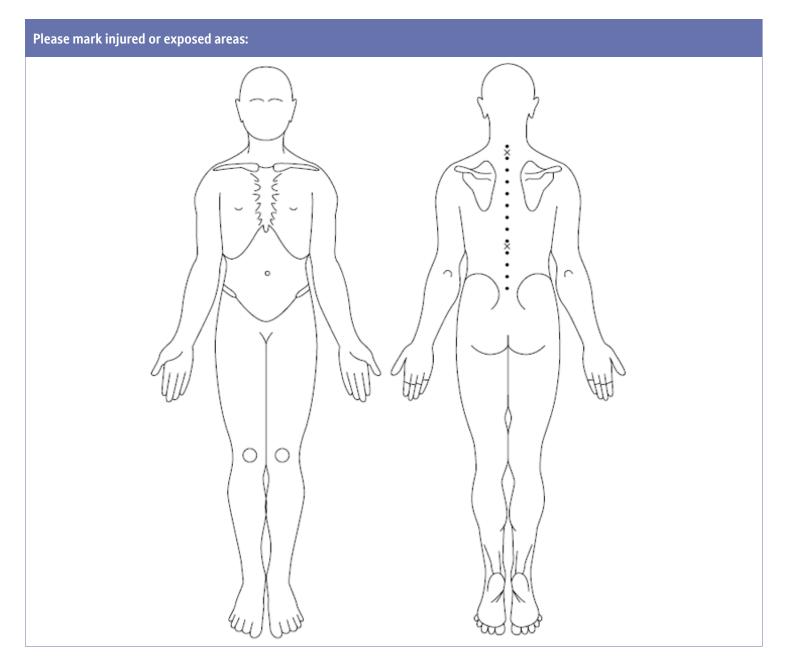
## First Aid Record

A first aid record must be completed for every injury or exposure to contaminants that required treatment, even if it was not reportable to WorkSafeBC. All first aid records must be kept at the workplace for at least three years.

Worker full name:	Date of incident*:	DD / MM / YYYY
	Time of incident*:	HH: MM
Job position:		

<sup>\*</sup> Date and time the worker **reported** the injury, exposure, disease, or illness to the physician- employer, clinic manager, or first aid attendant.









First Aid Record 2

Description of how the injury or illness occurred (What happened?):		
Description of the nature of injury or illness (What are the signs and symptoms?):		
Description of the treatment given (What did you do?):		
Name of witnesses (if applicable):		
1	2	
Arrangement(s) made relating to the worker (return to work/medical treatment/ambulance/follow-up):		
Photoside de la companya de la compa		
First aid attendant or supervisor signature:	Injured employee signature:	