|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Incident:** | [Date] | **Time of Incident:** | [Time] |

**Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Injured Person:** | |  | | | | |
| **Age:** |  | | **Gender:** |  | **Phone No:** |  |
| **Employee/Student ID (if applicable):** | | | |  | | |

**Incident Details**

|  |  |
| --- | --- |
| **Location of Incident:** |  |
| **Description of Incident:** | (Describe how the injury occurred) |
|  |
|  |

**Witnesses (if any):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | [Insert Name] | **Contact:** |  |
| **Name:** | [Insert Name] | **Contact:** |  |

**Injury Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Injury:** | Cut/Laceration | Bruise | Burn |
| Fracture/Sprain | Eye Injury | Head Injury |
| Other: | | |
| **Body Part(s) Affected:** | (e.g., right hand, left leg, forehead) | | |
| **Severity of Injury:** | Minor | Moderate | Severe |

**Treatment Provided**

|  |
| --- |
| (Include details on what first aid was administered) |

**First Aid Supplies Used:**

|  |  |  |  |
| --- | --- | --- | --- |
| Bandage | Antiseptic | Ice Pack | Burn Cream |
| Sterile Gauze | Eye Wash | Other: | |

**Person Providing First Aid:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  |  |  |
| **Position:** |  | **Contact Information:** |  |

**Follow-Up Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **Was Emergency Medical Help Called?** | | Yes No |  |
| **Recommended Next Steps:** | Visit Healthcare Provider | Rest/Recover at Home | Return to Work/School |
| Other: | | |

**Referral to Medical Facility:** (If transported, note the facility name and address)

|  |
| --- |
|  |
|  |

**Signatures**

|  |  |  |
| --- | --- | --- |
| **Signature of Injured Person (if possible):** |  | Date: |
| **Signature of First Aid Provider:** |  | Date: |

**Additional Notes:** (Any other observations or information relevant to the incident)

|  |
| --- |
|  |
|  |