



FIRST AID REGISTER

This form can be used to record details of situations where first aid treatment is administered.

Employee's Name	
Department/Work Area	
Date of Treatment	
Time of Treatment	
First Aider	
Description of Injury	
Treatment Provided	
First aid items used	<p>Reminder: replenish the first aid kit with disposed of items.</p>

If a work-related accident has occurred, please complete your organisation's Accident Report Form or the Department of Labour's *Form of Register or Notification of Circumstances of Accident or Serious Harm*.