

First Aid Record Form

Employee Information

Last Name: _____

First Name: _____

Worksite: _____

Dept. Name: _____

Home Phone: _____

Dept. Phone: _____

Employee Incident/Injury Information *(to be completed by the employee)*

Incident/Injury occurred: (year) _____ (month) _____ (day) _____ (time) _____ am or pm

Date Reported to Supervisor: (year) _____ (month) _____ (day) _____ (time) _____ am or pm

Description of Injury or illness:

Location where the injury or illness occurred/began:

Cause of the injury or illness:

First Aid Treatment Information *(to be completed by the First Aid Provider)*

Was first aid treatment provided? Yes or No (if Yes, complete the following)

Description of First Aid Treatment provided:

Name of First Aid Provider(s):

First Aid Provider(s) qualifications:

Emergency First Aid

Standard First Aid

Advanced First Aid

Signature _____

Date: _____

Signature _____

Date: _____

Signature _____

Date: _____

This record must be kept in the employee's Human Resources file for a minimum of 3 years from the date of the injury or illness

The information collected on this form is personal information as referred to in the *Freedom of Information and Protection of Privacy Act*. This information is collected pursuant to the provisions of section 33(c) of the *F.O.I.P. Act* as the collection is related directly to and is necessary to a school board's obligation to provide a Workplace Health and Safety Program. If you have any questions or concerns regarding the collection and the intended purposes, please contact the Health and Safety Officer, or the F.O.I.P. coordinator, at 46 Elma Street West, Okotoks, AB T1S 1J7 or telephone (403)-938-2659 or 1-800-737-9383.