WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

FIRST AID RECORD

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC unless requested by a WorkSafeBC officer (fax 604 233-9777; toll-free 1 888 922-8807).

Sequence number

Name	Occupation
Date of injury or illness *(yyyy-mm-dd)*	Time of injury or illness *(hh:mm)* a.m. ❒ p.m. ❒
Initial reporting date and time *(yyyy-mm-dd)* a.m. ❒ p.m. ❒	Follow-up report date and time *(yyyy-mm-dd)* a.m. ❒ p.m. ❒
Initial report sequence number	Subsequent report sequence number(s)

Description of how the injury, exposure, or illness occurred ***(What happened?)***

Description of the nature of the injury, exposure, or illness ***(What you see — signs and symptoms)***

Description of the treatment given ***(What did you do?)***

Name of witnesses

1.	2.

Arrangements made relating to the worker ***(return to work/medical aid/ambulance/follow-up)***

Provided worker handout Yes ❒ No ❒ Alternate duty options were discussed Yes ❒ No ❒	A form to assist in return to work and follow-up was sent with the worker to medical aid Yes ❒ No ❒
First aid attendant's name *(please print)*	First aid attendant's signature
Patient's signature	

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