



KRAWFORD CONSTRUCTION (2011) INC.

FIRST AID RECORD



Date of Injury or Illness: _____
(dd/mm/yyyy)

Time: _____ AM / PM
(hh:mm)

Date Injury or Illness Reported: _____
(dd/mm/yyyy)

Time: _____ AM / PM
(hh:mm)

Full Name of Injured or Ill Worker: _____

Description of the Injury or Illness: _____

Description of where the injury or illness occurred/began: _____

Cause of the injury or illness: _____

First Aid Provided? YES _____ NO _____
(If yes, complete the rest of this form)

First Aider Qualifications: _____
(ie, Emergency First Aid, Standard First Aid, Advanced First Aid)

Detail First Aid Administered: _____

This record must be retained for three years from the date of injury or illness.

