

# First Aid Report Form

## 1. General Information

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Reported By (Name & Designation): \_\_\_\_\_

## 2. Injured Person Details

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other

Employee ID / Student ID (if applicable): \_\_\_\_\_

Department / Class: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## 3. Incident Details

Type of Incident:

☐ Slip/Trip/Fall

☐ Cut/Laceration

☐ Burn/Scald

☐ Impact Injury

☐ Foreign Object in Eye

☐ Other (Specify): \_\_\_\_\_

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Describe What Happened (Brief Summary):

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Cause of Incident (if known):

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## 4. Injury Details

Part(s) of Body Injured:

☐Head ☐Hand ☐Arm ☐Leg ☐Eye ☐Back ☐Other: \_\_\_\_\_

Nature of Injury:

☐Minor ☐Moderate ☐Severe ☐Bruise ☐Cut ☐Sprain ☐Burn ☐Other: \_\_\_\_\_

## 5. First Aid Provided

First Aider's Name: \_\_\_\_\_

First Aider's Contact: \_\_\_\_\_

First Aid Given:

☐Cleaning Wound ☐Bandage ☐Ice Pack ☐Eye Wash ☐CPR ☐Other:

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Was Further Medical Treatment Required? ☐Yes ☐No

If Yes, describe action taken: \_\_\_\_\_

Ambulance Called: ☐Yes ☐No

Transported to Hospital/Clinic: ☐Yes ☐No

Name of Hospital/Clinic (if applicable): \_\_\_\_\_

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## 6. Witness Details (if any)

Name of Witness 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Name of Witness 2: \_\_\_\_\_ Contact: \_\_\_\_\_

## 7. Follow-Up Actions / Recommendations

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## 8. Signatures

Injured Person's Signature: \_\_\_\_\_

First Aider's Signature: \_\_\_\_\_

Supervisor / Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_