

FIRST AID INCIDENT FORM



WILDMEDKITS.CA

Injured worker name:

Address where first aid incident occurred:

Date of incident: _____ **Time of incident:** _____

Day/Month/Year _____ : _____
_____/_____/20____

Describe what happened:

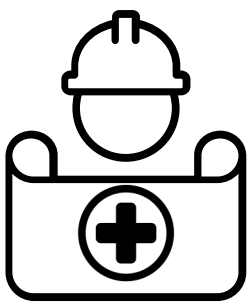
Area & description of injury: _____ **First aid treatment provided:** _____

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Names of witnesses to incident:



Print new copy of form:
wildmedkits.ca/pages/WFAKchecklist



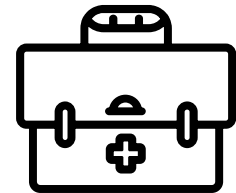
First Aid Incident Response



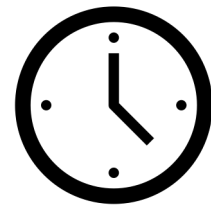
Call 9-1-1 EMS if Emergency



Provide First Aid



**Monitor until EMS arrival or
transport to health care
services if required.**



Notify Supervisor



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