

The Corporation of the Town of Oakville
1225 Trafalgar Road, Oakville, ON L6H 0H3

FIRST AID REPORT

WORKER IDENTIFICATION

Last name	First name	Employee number
Occupation	Department	

DETAILS OF INJURY/ILLNESS

Describe the injury, part of the body involved and specifically right or left side.

Describe the workers activities at the time of the incident.

Describe what happened.

What machine, object, substance or agent caused the injury?

Where was the worker when the injury occurred?

List the names of any witnesses.

Date and time of incident:	Date and time incident reported:	
	a.m.	a.m.
	p.m.	p.m.

FIRST AID PROVIDED

Describe the first aid treatment or advice given.

FOLLOW-UP CARE

What follow-up care was advised or arranged?

Return to regular work/duties Obtain health care Send home

Other (Specify)

Prepared by: Date and Time: