



# Investigation and Reporting

## Work Related Injuries/Sudden Occurrences of Illness Report (First Aid Attendant)

Employee Name: \_\_\_\_\_

Date & Time of the illness or injury: \_\_\_\_\_

Date & Time the illness was reported: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of the acute illness or injury: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where the injury occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cause of the injury or acute illness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First Aid provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your name and level of first aid training: \_\_\_\_\_

\_\_\_\_\_

Signatures: \_\_\_\_\_

\_\_\_\_\_