

FIRST AID REGISTER

Use this form to record details when first aid treatment is given.

Worker's Name	
Department/Work Area	
Date of Treatment	
Time of Treatment	
First Aider	
Description of Injury	
Treatment Provided	
First aid items used	

Reminder: replace any first aid items used

If this is a work-related accident, please complete your organisation's Accident Report Form or WorkSafe NZ's *Form of Register or Notification of Circumstances of Accident or Serious Harm*.