

FIRST AID REGISTER

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

Worker's name	
Department/work area	
Date of treatment	DD / MM / YEAR
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 New Zealand's *Form of Register or Notification of Circumstances of Accident or Serious Harm*.