Illness or injury record (template)

This template is provided for example purposes. **If you choose to use this template, make sure you customize it to your work and work site.**

|  |  |
| --- | --- |
| Date of illness or injury: *(month/day/year)* | Time:  AM  PM |
| Date illness or injury reported, or the employer  otherwise became aware of the illness or injury: *(month/day/year)* | Time:  AM  PM |
| Full name of ill or injured worker: | |
| Description of the illness or injury: | |
| Where at the work site the illness or injury occurred:  ­­­ | |
| Work-related cause of the illness or injury, if any: | |
| **Was first aid provided?**  YES  NO  *(If yes, complete the next four sections. OHS Code Section 184 requirements apply.)* | |
| Name of first aider: | |
| First aider qualifications:*(\*Must be from an approved training agency.)*  Basic first aid certificate\*  Emergency medical responder  Nurse with an advanced  Intermediate first aid certificate\*  Primary care paramedic first aid certificate\*  Advanced first aid certificate\*  Advanced care paramedic | |
| Describe first aid provided: | |
| Worker requested and was provided a copy of this report.  Ill or injured worker initials \_\_\_\_\_\_\_\_\_ | |
| Keep this record confidential.  Retain for at least three years from the date that the illness or injury was reported/employer became aware of the illness or injury. | |

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your work site. Further, it is essential that this document is not only completed, but is used, communicated and implemented in accordance with the legislation. Neither the Crown, nor its agents, employees or contractors, will be liable to you for any damages, direct or indirect, arising out of your use of this form.