[Company name]

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First aid log

A running record of every treatment given - required wherever first aiders operate.

Location: _____

Responsible first aider: _____

Kit last checked: _____

Treatments

Date / time	Casualty	Injury / illness	Treatment given	First aider
[Date, time]	[Name]	[Describe]	[Describe]	[Name]

Kit checks

Date	Checked by	Items replaced	Kit in date
[Date]	[Name]	[Items]	[Yes / No]
[Date]	[Name]	[Items]	[Yes / No]

Sign-off

First aider: _____ **Manager:** _____ **Date:** _____