

First Aid Treatment Log

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| **Incident Date** | **Incident Time** | **Name / contact information** | **Department and Position (title)** | **Witness(es) / contact information** | **Injury Description (location on body)** | **What Happened and Treatment/Advice Given (by First Aid Attendant)** | **Supervisor and contact information** | **First Aid Attendant (print name and sign)** |
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If you have any questions, please contact healthandsafety@trentu.ca

 *Remind all staff that a Supervisor incident report must be completed for all workplace injuries.*