



STFC FIRST AIDER TREATMENT RECORD

Name of First Aider:	Time and date of incident/injury:
Name of person treated: Dept if staff:	Arrival time of First Aider at incident:
Location of incident/injury:	Treated person's contact tele.no:
Injury work related? YES/NO If yes, reported on Evotix Assure? YES/NO	Defibrillator used? YES/NO

Brief description of injury/incident:
Actions, including treatment given by First Aider:
Outcome (e.g. return to work, sent home, sent to hospital etc):

Injured Person:

Signature: Date:

First Aider:

Signature: Date:

All treatment forms to be returned to:

RAL – Occ Health Dept, R12 or ohc@stfc.ac.uk
DL/ROE – Laura Davies, B16, SHE Group, laura.davies@stfc.ac.uk