**Form 5: First Aid Register**

|  |  |
| --- | --- |
| Employee name: |  |
| Position title: |  |

|  |  |
| --- | --- |
| Nature of injury: |  |
| Treatment provided: |  |
| Date of Treatment |  |
| Time of Treatment |  |
| Person giving First Aid |  |
| Accident & Incident register completed by: |  |