



This form is intended to capture information described in [G3.19](#) of the OHS Guidelines

Project \_\_\_\_\_

Sequence number \_\_\_\_\_

Worker first and last name	Worker scope of work / employer / occupation
Date of injury, exposure, or illness (yyyy-mm-dd)	Time of injury, exposure, or illness (hh:mm AM/PM)

**This  
record  
is the**

☐ Initial Report

☐ Follow-up Report

Date \_\_\_\_\_ Time \_\_\_\_\_

Related First Aid Records

**How** the injury, exposure, or illness occurred (What happened?)

**Describe** of the injury, exposure, or illness (What did you see? signs and symptoms)

**Treatment** given (What did you do?)

**Witnesses**

1.

2.

**Arrangements made relating to the worker**

☐ return to work — any accommodations? Notes

☐ Home care handout provided?

☐ medical aid — notification (PolyNet) \_\_\_\_\_  
method of transport? \_\_\_\_\_  
patient assessment? \_\_\_\_\_

First aid attendant's name (print or type)	First aid attendant's signature
Patient's signature (optional)	