***{Insert Business Logo}***

**First Aid Register**

Use this form to record details when first aid treatment is given. Note you may also need to complete an Accident and Incident Form.

|  |  |
| --- | --- |
| **Worker’s Name:** |  |
| **Work Area:** |  |
| **Date & Time of Treatment:** |  |
| **First Aider:** |  |
| **Description of Injury:** |  |
| **Treatment Provided:** |  |
| **First Aid Items used:** |  |

Reminder – replace any first aid items used.

If this is a work related accident please complete WorkSafe NZ’s Form of Register or Notification of Circumstances of Accident or Serious Harm (http://www.business.govt.nz/worksafe).