



1028, ch. South Bay Road
Sudbury, ON
P3E 6J7

t. (705) 674-9252
info@maisonsudburyhospice.org
www.maisonsudburyhospice.org



First Aid Reporting Form

Information

Name of injured employee:

Location where the injury or accident occurred:

Date of Injury:

Time of Injury:

a.m./p.m.

Part of Body Injured:

Object/Equipment/Substance Involved with the injury:

Treatment required:

Brief description on how the incident occurred:

Was the injury work-related? ☐ Yes ☐ No

What, if anything, could have been done to avoid this accident or injury?

Witness(es) to the injury, including contact information where available.

Was first aid administered to the injured worker? ☐ Yes ☐ No

If yes, please provide details, including the name of first aid provider.

Was the injured worker referred for any additional medical treatment? ☐ Yes ☐ No

If yes, please provide details, including the name of the treating medical practitioner.

Name and signature of the person completing this form

Date