

## INCIDENT/FIRST AID REPORT

This report will be used for any accident or incident, which may or may not have required first aid, but did not require clinic or hospital treatment. This report should be completed no later than the end of the work shift of the employee involved. This report does not need to be submitted to IRMA.

<b>IRMA MEMBER:</b>	
<b>DEPARTMENT OF:</b>	

<b>EMPLOYEE'S NAME:</b>			
<b>JOB TITLE:</b>			
<b>DATE OF ACCIDENT:</b>		<b>TIME:</b>	<b>A.M./P.M.</b>
<b>LOCATION:</b>			
<b>DESCRIBE HOW ACCIDENT/INJURY OCCURRED:</b>   			
<b>WAS FIRST AID GIVEN?</b>		<b>YES</b> [ ]	<b>NO</b> [ ]
<b>IF YES, TYPE OF FIRST AID GIVEN:</b>			
<b>FIRST AID GIVEN BY:</b>		<b>DATE/TIME</b>	

<b>EMPLOYEE'S SIGNATURE:</b>	<b>DATE:</b>
<b>SUPERVISOR'S SIGNATURE:</b>	<b>DATE:</b>

(Send one copy of report to Safety Coordinator.)