

FIRST AID INVENTORY LIST TEMPLATE

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EMPLOYEE NAME: _____ TITLE / ROLE: _____ DATE OF REPORT: _____

EMPLOYEE SIGNATURE: _____ LENGTH OF TIME IN CURRENT ROLE: _____ DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____ TIME OF INCIDENT: _____

RESULT OF ACCIDENT / INCIDENT				
HEAD			LEFT	RIGHT
FACE		SHOULDER		
NECK		ARM PIT		
UPPER BACK		UPPER ARM		
LOWER BACK		LOWER ARM		
CHEST		ELBOW		
ABDOMEN		WRIST		
PELVIS / GROIN		HAND		
LIPS		BUTTOCKS		
TEETH		HIP		
TONGUE		THIGH		
NOSE		LOWER LEG		
FINGERS		KNEE		
TOES		ANKLE		
OTHER:		EYES		
OTHER:		EARS		

INCIDENT INFORMATION	
INCIDENT DESCRIPTION	
TASKS LEADING TO INCIDENT	
ADDITIONAL INFO	
OSHA REPORTING	
WITNESS NAME AND CONTACT	

VERIFICATION

SUPERVISOR NAME: _____ REPORTED TO: _____ DATE OF REPORT: _____

SUPERVISOR SIGNATURE: _____ BUREAU: _____ WORK UNIT: _____

ADDITIONAL INFO: _____

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