

FIRST AID RECORD FORM

Explanation and Instructions in the purpose and use of the ***FIRST AID FORM***.

- PURPOSE:
1. To encourage reporting of all work injuries, no matter how minor
 2. To insure that each injury receives adequate FIRST AID treatment
 3. To protect both the injured employee's and the County's interests under the provisions of Worker's Compensation Law
 4. To enable the injured employee's immediate superior to review each case, to spot trouble conditions and further improve accident prevention measures.

Instructions:

To Supervisory Personnel: Bring this form to the attention of all your personnel. By the use of a clip board or other device, place this form in a conspicuous space readily available for the use of your personnel. Please be governed by the purposes outlined above.

Note: If any minor injury later develops into a medical treatment case or lost time case (full day or more), a full report of the incident must be made on an Employee's Claim for Worker's Compensation Benefits and an "Employer's Report of Occupational Injury or Illness." Send a copy of the First Aid Record for that documented the original injury along with the Employer's Report of Occupational Injury or Illness.

To All Personnel:

Whenever you have a minor injury which does not require medical treatment, report the incident on this form and obtain FIRST AID promptly. Please be governed by the purposes outlined above.

Note: Additional copies of this form are available from Risk Management Division, Steve Robles, Safety Officer, (909) 386-8623 or can be copied in your office.

***** Note: KEEP THIS RECORD WITH YOUR PERMANENT FILES**

FIRST AID

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