

## HF First Aid Report Form

This form is to be taken with the victim to the emergency room.

### Employee Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Building/Room (Location): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Exposure Information:

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Type of Exposure:       Skin  
                                  Eye  
                                  Ingestion  
                                  Inhalation

Injury Description: \_\_\_\_\_

### First Aid Information:

Person Administering First Aid: \_\_\_\_\_

Contact phone Number: \_\_\_\_\_

Time of Treatment: \_\_\_\_\_

First Aid Measures taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_