

# First Aid Treatment Log



Incident Date	Incident Time	Name of Injured / Contact Information	Department / Job Title	Witness(es) / Contact Information	Description of Injury (Specific Location on Body)	What Happened and Treatment / Advice Provided by First Aid Attendant	Supervisor Name / Contact Information	First Aid Attendant (Print Name and Sign)

**IMPORTANT:** Always submit an online incident report via <https://ehs.utoronto.ca/report-an-incident/>

If you have any questions, contact Environmental Health & Safety ([ehs.office@utoronto.ca](mailto:ehs.office@utoronto.ca))