

FIRST AID REPORT FORM/DRESSING BOOK

(To be kept in First Aid box)

To be completed by person administering first aid

(Clinic or first aid coordinator to complete costing and is responsible to re-stock items used)

Company:		Date of Incident:	
Department:		Time of Incident:	

Name of Person Treated:	
Place where Incident occurred:	
Description of Incident:	

Name of First Aider:	
Injury / Treatment:	

Contents of First Aid Box (In the case of shops and offices quantities under 1,8,9,10,14,15,17,18 may be reduced by half)	No. of Items Used	Cost
Wound cleaner/antiseptic (100ml)		R
Swabs for cleaning wounds		R
Cotton wool for padding (100g)		R
Sterile gauze (minimum quantity 10)		R
1 Pair forceps (for splinters)		R
1 Pair scissors (minimum size 100mm)		R
1 Set safety pins		R
4 Triangle bandages		R
4 Roller bandages (75mm x 5mm)		R
4 Roller (100mm x 5mm)		R
1 Roll elastic adhesive strop (25mm x 3mm)		R
1 Non-allergic adhesive strip (25mm x 5mm)		R
1 Packet adhesive dressing strips (minimum quantity, 10 assorted sizes)		R
4 First Aid dressings (75mm x 100mm)		R
4 First Aid dressings (150mm x 200mm)		R
2 Straight splints		R
2 Pairs medium and large disposable latex gloves		R
2 CPR mouth pieces or similar devices		R
TOTAL		R

First Aider		Date	
Signature			

Person Replacing Stock		Date Stock Replaced	
Signature			