

**First Aid Report Form Confidential**

# DETAILS OF PERSON WHO RECEIVED FIRST AID:

Name: Date of Birth (if known): \_ Is the person a University Employee ? Please specify the Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Visitor Contractor Member of the Public Gender M/F:

# DETAILS OF INCIDENT:

Date time (am/pm) and location of incident requiring first aid treatment. What was the nature of the incident requiring treatment ? (e.g. faint/cardiac arrest)

What treatment was given? (e.g. place in recovery position/C.P.R.)

What happened to the person following first aid treatment ? (e.g. went to hospital)

Any other details:

Were Medical Personnel Contacted Yes No Date / / Were Counsellors Contacted Yes No Date / /

Date Name of First Aider/Other person providing assistance Signature

*Please submit completed form to the Health & Safety Unit (D1-054), HR Division, University of Limerick.*