

WCC First Aid Treatment Form

This form is classified as PROTECT

This form is only to be used as a record for the administration of first aid for injuries and ill health that was not as a result of the work activity (if the injury or ill health was out of /or in connection with the work activity then this should be reported on the electronic WCC accident recording database.

Date, Time and place of incident	Date and time treatment given	Name and job of injured person	Details of the injury/ illness and what first aid was given	What happened to the injured person immediately afterwards? 1. Went back to work? 2. Went home? 3. Went to hospital?	First aid supplies used	Additional comments	Name and signature of first-aider or person dealing with the incident