**FIRST AID TREATMENT RECORD**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name of Injured Person** | **Injury**  **(eg cut right hand, burn to left forearm)** | **Location where injury occurred (eg kitchen)** | **First aid treatment given** | **Signature** | **Date Incident report completed**  **(if applicable)** |
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**Dates report reviewed: ………………………………………………………….…………………………………………………………….**

**By Whom:** **…………….…………………………………………………………………………………………………………………………**