

Illness or injury record Montgomery Dairy Queen

Date of illness or injury: (month/day/year)

Time: AM ____ PM ____

Date illness or injury reported, or the employer otherwise became aware of the illness or injury: (month/day/year)

Time: AM ____ PM ____

Full name of ill or injured worker:

Description of the illness or injury:

Where at the work site the illness or injury occurred:

Was first aid provided? Yes ____ No ____

(If yes, complete the next four sections. OHS Code Section 184 requirements apply.)

Name of first aider:

First aider qualifications: *(*Must be from an approved training agency.)*

Basic first aid certificate* ____

Intermediate first aid
certificate* ____

Advanced first aid certificate* ____

Emergency medical responder ____

Primary care paramedic ____

Advanced care paramedic ____

Nurse with an advanced first aid
certificate* ____

Describe first aid provided:

Worker requested and was provided a copy of this report. ____ Ill or injured worker initials ____

Keep this record confidential.

Retain for at least three years from the date that the illness or injury was reported/employer became aware of the illness or injury.