

## Minor Injury / First Aid Log

**Instructions: This log is kept at the worksite by the supervisor. Use this log to record employee injuries/illnesses that do not require medical attention or days away from work.**  
 (NOTE: If medical attention or days away from work are needed at a later date, the employee must notify his supervisor and Teleclaim 1-877-632-7475 immediately.)



Department \_\_\_\_\_ Division / Section \_\_\_\_\_ Address \_\_\_\_\_

Date of Incident:	Employee Name (print):	Location of Incident:	Description of Incident:	First Aid Treatment:	Supervisor's Name (print):
Time of Incident:	Title: Signature:				Signature: Date: Comments:
Date of Incident:	Employee Name (print):	Location of Incident:	Description of Incident:	First Aid Treatment:	Supervisor's Name (print):
Time of Incident:	Title: Signature:				Signature: Date: Comments:
Date of Incident:	Employee Name (print):	Location of Incident:	Description of Incident:	First Aid Treatment:	Supervisor's Name (print):
Time of Incident:	Title: Signature:				Signature: Date: Comments:
Date of Incident:	Employee Name (print):	Location of Incident:	Description of Incident:	First Aid Treatment:	Supervisor's Name (print):
Time of Incident:	Title: Signature:				Signature: Date: Comments: