

Date from: Date to:

FIRST AID

TREATMENT REGISTER AND NOTE BOOK

Printed by UniPrint Pty Ltd
13 Edinburgh Street
Oakleigh South VIC 3167
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In a life threatening or time critical emergency

PHONE **000**

TEXT **106**

Be ready to provide information such as:
location, nature of the incident, your name.

Poisons information 13 11 26

Counselling information and referral 13 11 14

Workplace and dangerous goods incidents 13 23 60

First Aid Officer:

Contact Phone:

Report all injuries immediately, no matter how minor, to the first aid medical officer. Treatment will be given and the incident recorded. Should further medical care be needed, you have fulfilled your obligations and protected your right to coverage under worker's compensation.

EMERGENCY CONTACTS

FIRST AID TREATMENT RECORD

Injury Illness

Name of patient: _____

Self Employee Contractor Visitor

Location: _____

Illness/injury details: *(include how it occurred and part of body affected)*

First aid treatment provided: _____

Is the worksite secured or safe to continue?

Secured Safe to proceed

Referred to medical treatment:

Escorted to emergency hospital Escorted to medical clinic
 Recommended doctor in own time None

Details: _____

Restock of first aid kit required: Yes No

If Yes – Kit Identification/Location: _____

First aid officer: _____

Signature: _____

Date/time: _____

SAMPLE

NOTES

SAMPLE

NOTES

SAMPLE

SAMPLE

FIRST AID STOCKTAKE RECORD

Kit identification/location:

ITEM	QTY REQUIRED	ITEM	QTY REQUIRED
Disposable gloves	_____	Band-aids	_____
Resuscitation mask	_____	Conforming bandage	
Scissors	_____	Small	_____
Forceps	_____	Medium	_____
Splinter probe	_____	Large	_____
Sterile saline solution	_____	Absorbant wound dressing	
Antiseptic	_____	Small	_____
Safety pins	_____	Medium	_____
Emergency blanket	_____	Large	_____
Burn sheet	_____	Non adherent wound dressing	
First Aid treatment register	_____	Small	_____
Pen/pencil	_____	Medium	_____
First Aid/CPR guide	_____	Large	_____
Eye pads	_____	Triangular bandage	_____
Gauze swabs	_____	Non-allergenic tape	_____

Please also check for your individual kit requirements:

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First aid officer:

Signature:

Date/time:

Unresponsive? Not Breathing?

Commence CPR

30 compressions : 2 breaths
5 cycles in 2 minutes

ADULT (8 years of age and older)

Head Tilt – full

Compressions – 1/3 chest depth, 2 hands

CHILD (1 – 8 years of age)

Head Tilt - full

Compressions – 1/3 chest depth, 1 or 2 hands

INFANT (less than 1 year of age)

Head Tilt – neutral

Compressions – 1/3 chest depth, 2 fingers

Breath – cheek puffs

If available and trained use an **AED**
Automated External Defibrillator



RESUSCITATION ACTION PLAN (DRSABCD)

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FIRST AID KIT STOCKTAKE RECORD

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