FIRST AID LOG

Original to Jeanene Wexler, CPO #1450; copy to David Weldon, CPO #1100

FROM: (DATE)	DEPARTMENT/AGENCY:
TO: (DATE)	NAME/LOCATION:

DATE TIME	Name	Age	Craft	Immediate Supervisor	Injury/Illness	Description of Accident	Treatment Given By	LEGEND*			
								FAV	RTW	DV	LTA

*FAV--FIRST AID VISIT RTW--RETURN TO WORK DV--DOCTOR VISIT LTA--LOST TIME ACCIDENT