



COMPLY ONLINE

FIRST AID REPORT FORM/DRESSING BOOK (To be kept in First Aid box)

**To be completed by person administering first aid
(Clinic or first aid coordinator to complete costing and is responsible to re-stock items used)**

Date of Incident: _____ Time of Incident: _____

Company: _____ Department: _____

Name of person Treated: _____

Place where incident occurred: _____

Description of Incident: _____

Name of First Aider: _____

Injury/Treatment: _____

	Contents of First Aid Box (In the case of shops and offices quantities under 1,8,9,10,14,15,17,18 may be reduced by half)	No. of Items Used	Cost
1	Wound cleaner/antiseptic (100ml)		
2	Swabs for cleaning wounds		
3	Cotton wool for padding (100g)		
4	Sterile gauze (minimum quantity 10)		
5	1 Pair forceps (for splinters)		
6	1 Pair scissors (minimum size 100mm)		
7	1 Set safety pins		
8	4 Triangle bandages		
9	4 Roller bandages (75mm x 5mm)		
10	4 Roller (100mm x 5mm)		
11	1 Roll elastic adhesive strop (25mm x 3mm)		
12	1 Non-allergic adhesive strip (25mm x 5mm)		
13	1 Packet adhesive dressing strips (minimum quantity, 10 assorted sizes)		
14	4 First Aid dressings (75mm x 100mm)		
15	4 First Aid dressings (150mm x 200mm)		
16	2 Straight splints		
17	2 Pairs medium and large disposable latex gloves		
18	2 CPR mouth pieces or similar devices		
	TOTAL		

Signature of First Aider

Date

Date stock replaced: _____

Person replacing stock: _____

Signature