**Material List Template**

**(First Aid)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EMPLOYEE NAME:** |  |  | **TITLE / ROLE:** |  |  | | **DATE OF REPORT:** | |  |
| **EMPLOYEE SIGNATURE:** |  |  | **LENGTH OF TIME IN CURRENT ROLE:** |  |  | | **DATE OF INCIDENT:** | |  |
| **LOCATION OF INCIDENT:** |  | | | | |  | | **TIME OF INCIDENT:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RESULT OF ACCIDENT / INCIDENT** | | | | | |  | **INCIDENT INFORMATION** | |
| **HEAD** |  |  |  | **LEFT** | **RIGHT** |  | **INCIDENT DESCRIPTION** |  |
| **FACE** |  | **SHOULDER** |  |  |
| **NECK** |  | **ARMPIT** |  |  |
| **UPPER BACK** |  | **UPPER ARM** |  |  |
| **LOWER BACK** |  | **LOWER ARM** |  |  | **TASKS LEADING TO INCIDENT** |  |
| **CHEST** |  | **ELBOW** |  |  |
| **ABDOMEN** |  | **WRIST** |  |  | **ADDITIONAL INFO** |  |
| **PELVIS / GROIN** |  | **HAND** |  |  |
| **LIPS** |  | **BUTTOCKS** |  |  | **OSHA REPORTING** |  |
| **TEETH** |  | **HIP** |  |  |
| **TONGUE** |  | **THIGH** |  |  | **WITNESS NAME AND CONTACT** |  |
| **NOSE** |  | **LOWER LEG** |  |  |
| **FINGERS** |  | **KNEE** |  |  |  |
| **TOES** |  | **ANKLE** |  |  |
| **OTHER:** |  | **EYES** |  |  |  |
| **OTHER:** |  | **EARS** |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VERIFICATION** | | | | | | | | |
|  | | | |  | | | | |
| **SUPERVISOR NAME:** |  |  | **REPORTED TO:** | |  |  | **DATE OF REPORT:** |  |
| **SUPERVISOR SIGNATURE:** |  |  | **BUREAU:** | |  |  | **WORK UNIT:** |  |
| **ADDITIONAL INFO:** |  | | | | | | | |

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