

Company:

Team:

Documentation of First Aid Services

Name of the injured or ill person	
Details of the incident	
Date/Time	
Location	
Incident	
Type and extent of injury/ illness	
Name of witnesses	
First aid services	
Date/Time	
Type and method of first aid measures	
Name of the first aider	

Instructions for use:

Please follow the instructions on the reverse side.

1. Fill out one sheet after each first aid service (all fields on the right).
2. Upload the completed document to Odoo at <https://portal.oms-retail.com/first-aid>.
3. This document will be stored in Odoo for 5 years.