

Record of On Site First Aid Treatment Corps of Engineers Employees	Office or Unit	Date
Name	Date & Time of Injury	AM PM
Job Title	Supervisor	Location of First Aid Kit Used
Nature of Injury or Illness		
First Aid Supplies Used:		
Description of Incident and Location of Accident		
Treatment self administered ____ or administered by qualified FA provider ____ Name of FA Provider: _____		
Referred to clinic/physician for further treatment? Yes __ No __ Form 3394 submitted? Yes __ No __		