**FIRST AID LOG**

DEPARTMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGENCY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | PATIENT | COMPLAINT | TREATMENT | FIRST AID ATTENDANT | DISPOSITION | WORK ACTIVITY AT TIME OF EVENT | EQUIPMENT, SUBSTANCE, MATERIAL IN USE | POTENTIAL SEVERITY |
| RETURN TO WORK | TO DR. | MINOR-M LOST TIME- LT DISABLING-D FATAL-F |
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| FA-1-86 STATE OF LOUISIANA |