

APPOINTMENT OF A DESIGNATED FIRST AID OFFICER

Our company's First Aid Policy provides for the appointment of a Designated First Aid Officers to provide first aid management within their workplace.

Designated First Aid Officer:

Full Name: _____ Date: __/__/__
Department / Section: _____

I certify that :

1. I hold a current first aid certificate (copy must be attached) and
2. I have read the First Aid in the Workplace Policy and I will exercise the responsibilities of a Designated First Aid Officer as outlined in the Policy.

Department / Section accountable for: _____

Signature: _____ Date: __/__/__

Qualified First Aid Officers:

Full Name: _____ Date: __/__/__
Department / Section: _____

I certify that :

1. I hold a current first aid certificate (copy must be attached) and
2. I have read the First Aid in the Workplace Policy and I will exercise the responsibilities of a Designated First Aid Officer as outlined in the Policy.

Signature: _____ Date: __/__/__