This form is to be used by staff to record use of this Kit. It is in addition to the first aid log as required by worksite policies.

This log should be completed whenever the kit is used and kept with the kit until it needs to be replaced.

Completed forms should be stored with the worksite first aid log.

Additional forms can be downloaded at asthmaaustralia.org.au

Asthma Emergency Kit Log

Asthma
Australia

To find out more about asthma contact your local Asthma Foundation:

1800 278 462 (office hours) asthmaaustralia.org.au

DATE	TIME	NAME of casualty	DESCRIBE presentation	ACTION TAKEN	PUFFER count (count down from 200)	WORKSITE REPORT COMPLETED (Yes/No)	EMERGENCY CONTACT notified	NAME of person making entry (print name and sign)
Eg. 1/7/11	10:30am	A. Zmah	Short of breath, coughing	Given 4 puffs with a spacer	196	Yes	Called emergency contact	J. Smith

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Please ensure puffer count is carried over from previous page.

Asthma Emergency Kit Log

Asthma Australia

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1800 645 130 (office hours) asthmaaustralia.org.au

DATE	TIME	NAME of casualty	DESCRIBE presentation	ACTION TAKEN	PUFFER count (count down from 200)	WORKSITE REPORT COMPLETED (Yes/No)	EMERGENCY CONTACT notified	NAME of person making entry (print name and sign)