## ASTHMA EMERGENCY KIT LOG

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.

Completed forms should be stored with the worksite first aid log. Additional forms can be downloaded at **asthma.org.au** 

Important: Check medication expiry date.



TIME	NAME OF PERSON BEING TREATED	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
10:30am	A. Zmah	Short of breath, coughing	Given 4 puffs with spacer	196	Yes	Called emergency contact	J. Smith
		BEING TREATED	BEING TREATED PRESENTATION	BEING TREATED PRESENTATION ACTION TAKEN	TIME NAME OF PERSON DESCRIBE PRESENTATION ACTION TAKEN COUNT Count down from 200	TIME NAME OF PERSON BEING TREATED DESCRIBE PRESENTATION ACTION TAKEN COUNT COMPLETED (Yes/No)	TIME NAME OF PERSON BEING TREATED PRESENTATION  ACTION TAKEN COUNT COMPLETED (Yes/No)  COUNT COMPLETED (Yes/No)