

PEPPER SPRAY INCIDENT REPORT

This form must be completed and signed by the employee who is involved in the use of Pepper Spray and turned into their Department Head or supervisor within twenty-four (24) hours.

Please print legibly, provide all the information requested below, attach any documents and statements related to the incident, and sign upon completion.

Employee Name:					
Department:					
Job Title:					
Name of Supervisor:					
INCIDENT INFORMATION					
1. Date of Incident:					
2. Time of Incident:					
3. Location of Incident (Specific Location/Address)					

4.	Please provide a detailed account of the events leading up to the use of pepper spray: (if more space is necessary, attach additional sheets)
5.	Reason for the use of pepper spray: (Explain why pepper spray was deployed, including any threats or safety concerns)
6.	Actions taken before and after deployment: (Describe any de-escalation attempts, warnings given, and actions taken following the incident, such as medical assistance or cleanup)
7.	Was anyone injured? ☐ Yes ☐ No (If yes, provide details and attach medical documentation if applicable)
8.	Was law enforcement or emergency services contacted? ☐ Yes ☐ No (If yes, provide details, including agency name and report number if available)

9. List any individuals who witnessed the incident

Name		Contact [Phone/Emai]			
The information provided in this incident report is true and correct to the best of my knowledge.						
Signature	Print Nam	e	Date			
Department Head/Supervisor:						
Signature	Print Name		Date			
Attachments: (Check if included) □ Medical Report □ Security Footage □ Photos □ Witness Statements □ Other: [Specify]						

This form shall be submitted to the HR Department upon completion.