

INCIDENT RECORD DISCHARGE OF A NON-LETHAL PERSONAL PROTECTIVE DEVICE (NLPPD)

NAME OF EMPLOYEE AND TITLE	TIME OF INCIDENT	DATE OF INCIDENT
----------------------------	------------------	------------------

NAME OF SUPERVISOR AND TITLE	OFFICIAL DUTY STATION
------------------------------	-----------------------

LOCATION OF INCIDENT

DESCRIBE IN DETAIL THE EVENTS LEADING TO THE DISCHARGE OF THE NLPPD

SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF SUPERVISOR	DATE
-----------------------	------	-------------------------	------