USDA-APHIS

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	
LOCATIN OF INCIDENT		

SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF SUPERVISOR	DATE
APHIS FORM 301R			