

INCIDENT RECORD

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

NAME OF EMPLOYEE AND TITLE	TIME OF INCIDENT	DATE OF INCIDENT
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NAME OF SUPERVISOR AND TITLE	OFFICIAL DUTY STATION
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LOCATION OF INCIDENT

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

SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF SUPERVISOR	DATE
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