/scope			■■■■	■■■■	
■■■■■					

Rank: PC
Age:
Sex: MALE
Last OST Date:

Date of last OST course MUST be double checked on your SCoPE Personal Record

INCIDENT DETAILS

Date of Incident:

Time of Incident:

Division:

Select ...

Sub Division:

Select ...
`

Officer Presence:

Select ...

Select ...

Type of Duty:

Select ...

LOCUS

If more than one locus then add additional entries.
Example: incident began at dwelling house then continued to custody area - 2 Locus Types should be added.

Add Locus
Locus Type:

Add Locus
Locus Type:

Select ...

Delete

SUBJECT/S

Under 18?:
Sex:
Ethnicity:
Add Subject

Subject:

[Select … ▼]

[Select … ▼]

[Select … ▼]

Delete

IMPACT FACTORS

Add Impact Factor

Impact Factor:

[Select … ▼]

[◄ _____ ►]

Delete

(Add ALL relevant impact factors)

TACTICS USED

Add Tactic

Tactic:

[Select … ▼]

[◄ _____ ►]

Reason:

[Select … ▼]

[◄ _____ ►]

Force effective?:

[Select … ▼]

[◄ _____ ►]

Delete

IRRITANT SPRAYS
RELEVANT PPE WORN AND CARRIED

Relevant PPE Worn and Carried:

[Select … ▼]

OFFICER ASSAULTED

Was Officer assaulted?:

[Select … ▼]

(Add ALL relevant officer assault types)

OFFICER INJURED

Was Officer injured?:

[Select … ▼]

(Add ALL relevant officer injury types)

If an officer is injured, please ensure that an accident form is also submitted on SCoPE

SUBJECT INJURED

Was Subject injured?:

Select ... ▼

(Add ALL relevant subject injury types)

THIRD PARTY INJURED

Was Third Party injured?:

Select ... ▼

(Add ALL relevant third party injury types)

WEAPONS

Was a Weapon used?:

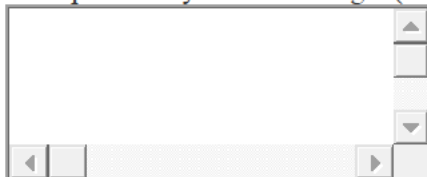Select ... ▼

(Add ALL weapons used)

DEBRIEF

If use of force or equipment was not effective or you have been injured, would you like a debrief with Operational Safety?

Select ... ▼

COMMENTS AND DETAILS

This form will be passed to your line manager (Please change if applicable)

Comments:

LINE MANAGER

SAVE, COMPLETE LATER   SIGN AND PASS FORM ON

SUPERVISOR COMMENTS AND DETAILS

OPERATIONAL SAFETY TRAINING