



PAVA Spray Discharge Report

Incident Details	
Division	
Incident Number	
Incident Date and Time	
Incident Location	
CR Number	
Crime / Offence	

Discharging Officer Details				
Forename	Surname	PSI*	Rank	Last OST Requal. Date

*Police Scotland Identifier

Police Witnesses			
Forename	Surname	PSI	Rank

Civilian Witnesses				
Forename	Surname	Gender	Date of Birth	Age

Details of Subject(s)				
Forename		Surname		
Gender		Arrest Status		
Date of Birth		Age	Ethnicity	select:
Forename		Surname		
Gender		Arrest Status		
Date of Birth		Age	Ethnicity	select:

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Forename		Surname	
Gender		Arrest Status	
Date of Birth	Age	Ethnicity	select:

Circumstances (select all that apply)			
Was the subject threatening any of the following?	Self <input type="checkbox"/>	Public <input type="checkbox"/>	Police <input type="checkbox"/>
Effectiveness of PAVA Spray in overcoming resistance of the subject	Effective <input type="checkbox"/>	Limited <input type="checkbox"/>	No Effect <input type="checkbox"/>
Was the subject using / threatening to use a weapon of any sort?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Approximate distance from subject when PAVA Deployed	Less than 1 metre <input type="checkbox"/>	1 – 2 metres <input type="checkbox"/>	Other (detail below) <input type="checkbox"/>
Any verbal warning given to the subject?	Yes <input type="checkbox"/> If yes, what was the warning?		No <input type="checkbox"/> If none, why not given?
Weapon Type			
Additional OST tactics / equipment used during incident	Empty Hands <input type="checkbox"/>	Handcuffs <input type="checkbox"/>	Faststrap <input type="checkbox"/>
	Spit Hood <input type="checkbox"/>	Baton <input type="checkbox"/>	Tactical Communications <input type="checkbox"/>
	Tactical Positioning <input type="checkbox"/>	PPE Shields <input type="checkbox"/>	Other (detail below) <input type="checkbox"/>
PAVA Aftercare Procedure implemented?	Yes <input type="checkbox"/> If yes, what was the aftercare?		No <input type="checkbox"/> If none, why not given?
Adverse effects on subject?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical treatment administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Hospital attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, which hospital was attended?
Cross-contamination suffered by another person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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CCTV / Body camera evidence available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes , has it been retained?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Officer assaulted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Officer injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes , what are the injuries?			
Subject injured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If yes , what are the injuries?			
Use of Force Form Reference Number:				

Details of Cross Contaminated Subject – Non Police				
Forename	Surname	Gender	Date of Birth	Age

Details of Cross Contamination Subject – Police			
Forename	Surname	PSI	Rank

Impact Factors			
As outlined within the Use of Force SOP, select all relevant Impact Factors that are applicable.			
Sex <input type="checkbox"/>	Age <input type="checkbox"/>	Size <input type="checkbox"/>	
Strength <input type="checkbox"/>	Drugs <input type="checkbox"/>	Alcohol <input type="checkbox"/>	
Weapons <input type="checkbox"/>	Environment <input type="checkbox"/>	Skills level <input type="checkbox"/>	
Injury <input type="checkbox"/>	Exhaustion <input type="checkbox"/>	Mental disorders <input type="checkbox"/>	

Special knowledge <input type="checkbox"/>	Position of disadvantage <input type="checkbox"/>
Gravity of incident / offence <input type="checkbox"/>	Officers perception of subjects resistance <input type="checkbox"/>

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Other (detail) <input type="checkbox"/>	
Reason for selecting Impact Factors	
Brief Description of Subject(s) and Police witnesses (Height and Build)	

Guidance on Correct Completion of Form

To be completed when PAVA has been used. Insufficient information / incomplete forms cannot be accepted and will be returned. Please complete the description of events utilising the National Decision Model (NDM). Information with regards to the NDM and guidance on how to complete this document can be found via the following hyperlink:



This guidance must be adhered to.

When completing the Description of Events section please ensure the following is addressed, if this information is not provided the form will be returned for re-submitting:

- Brief description of the lead up to the incident and witness accounts.
- Full details of OST tactics used / considered during the incident, include tactical communications between the police officers and subject.
- Describe actions of the subject, including verbal and non-verbal threats. Identify perceived threat posed to police officers and their actions.
- Detail any verbal warnings given to subject prior to PAVA spray.
- Describe the point of PAVA discharge fully, including the Officers assessment of the situation and their justification for discharging PAVA.
- Nature of the crime or offences arrested for.
- Details of any Aftercare given. If none provided detail why not.
- Detail any injuries sustained by subject or Police Officer's / staff.

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Description of Events - National Decision Model (NDM)

You **must** complete the description of events utilising the NDM.

Please confirm you have read and utilised the PAVA Discharge Guidance.

If captured on CCTV please provide a synopsis of what was captured, and where the CCTV is stored.

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Reporting officer should email the completed form to their supervisor for checking purposes and onward transmission:

Requirement

- The Police Investigations and Review Commissioner (Investigations Procedure, Serious Incidents and Specified Weapons) Regulations 2013 require the Chief Constable to request the Commissioner to investigate any serious incident involving the police.
- The Police and Fire Reform Act 2012 defines 'serious incidents involving the police' and includes where a person serving with the police has used a firearm or any other weapon. This extends to the discharge of PAVA spray.
- As Police Scotland will be forwarding this form to the Commissioner in line with the legal requirement on the Chief Constable to refer the matter, please ensure that the form is fully completed and endorsed by a supervisor.
- This form will also be used to gather research information about the operational effectiveness of PAVA and any medical implications of its use.
- The questions specifically relate to the operational environment and the responses of the individual subjected to use of PAVA

Security Classification

- This document is classified as 'Official: Police and Partners' as it contains personal data and data which may be part of an ongoing criminal investigation. This document should not be released outside of Police Scotland without the permission of the Chief Constable.

Instructions

- This form is to be completed following all incidents where PAVA is discharged. This does not refer to a PAVA being drawn and aimed, where a Use of Force form is required to be completed.
- Where PAVA is used by more than one officer at any given incident, a single form is required.
- If PAVA is used on more than one subject by any individual officer, a separate form is not required for each individual targeted.
- Once complete, the form must be forwarded to the reporting officer's line manager, or in their absence another on-duty supervisor.
- Once the line manager has read the report and confirms that it has been completed to the required standard, they should tick the Yes box.
- If the form does not meet the required standard the line manager should return it to the reporting officer for amendment.
- The report will be sent to: [REDACTED]
- Line managers will update the body of the email the reason for late submission if applicable.

Form Completed by

Forename	Surname	PSI	Rank

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Line Manager's Check			
Line managers will use this box to provide relevant comment.			
The content of this form has been read and it has been completed to the required standard as per the guidance document.			Yes <input type="checkbox"/>
			No* <input type="checkbox"/>
*Reason for selecting No			
Content of the PAVA Discharge Guidance (hyperlinked in relevant section) has been read and applied appropriately.			Yes <input type="checkbox"/>
			No* <input type="checkbox"/>
*Reason for selecting No			
Forename	Surname	PSI	Rank