



CS/PAVA SPRAY DISCHARGE REPORT

CS SPRAY DISCHARGE	<input type="checkbox"/>	PAVA SPRAY DISCHARGE	<input type="checkbox"/>
---------------------------	--------------------------	-----------------------------	--------------------------

INCIDENT DETAILS	
Division	
Incident Number	
Incident Date & 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					
Forename	Surname	Gender	Date of Birth	Age	Arrest Status

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"/>
Reason for CS/PAVA Use	Prevent Offence	<input type="checkbox"/>	Protect Public	<input type="checkbox"/>	Protect Self	<input type="checkbox"/>

RESTRICTED – WHEN COMPLETE

Effectiveness of CS/ 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"/>		
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"/>		
	Other (provide details)					
CS/PAVA Aftercare Procedure implemented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
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"/>		
Cross-contamination suffered by another person	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
CCTV/Body camera evidence available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
	If yes , has it been retained			Yes	<input type="checkbox"/>	No

DETAILS OF CROSS CONTAMINATED SUBJECT – NON POLICE

Forename	Surname	Gender	Date of Birth	Age

DETAILS OF CROSS CONTAMINATION SUBJECT - POLICE

Forename	Surname	PSI	Rank

RESTRICTED – WHEN COMPLETE

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"/>
Strength	<input type="checkbox"/>	Drugs	<input type="checkbox"/>
Weapons	<input type="checkbox"/>	Environment	<input type="checkbox"/>
Injury	<input type="checkbox"/>	Exhaustion	<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"/>
Other			

SUMMARY OF INCIDENT

NB Please refer to the above Impact Factors and include details of any cross contamination suffered by police or non police witnesses, the nature of any medical treatment administered, hospital attended or casualty surgeon giving treatment.

When completing the Summary of incident, please ensure that the following information is contained:

- Brief description of the lead up to the incident and witness accounts. Confirm status of suspect/accused;
- Full details of other OST tactics used or considered during the course of the incident. Include tactical communications between the police officers and suspect/accused;
- Full explanation of all Impact Factors listed, for instance evidence of officers observations regarding the suspect/accused being under the influence of drink or drugs, awareness of mental health issues and strength etc. Also include a brief physical description of the suspect/accused and that of the police officers. This information must be included within the summary of incident;
- Describe specific actions of the suspect/accused, including verbal and non-verbal threats. Identify perceived threat posed to police officers and their actions;
- Detail the verbal warnings given to the suspect/accused prior to discharge of CS/PAVA Spray;
- Describe fully point of CS/PAVA discharge, including distance from suspects/accused;
- Nature of the crime or offences arrested/detained for;
- Was the incident captured on any CCTV system, please specify. Has this footage been retained;
- Was the incident captured on Body Worn Cameras by police officers. Has this footage been retained;
- Clarity if CS/PAVA aftercare procedure and advice provided to suspect/accused and other affected persons, for instance householders, property owners etc.; Also clarify de-contamination advice provided and procedure followed;
- Full details of police officers or other witnesses who were injured or cross contaminated during the incident and implementation of de-contamination procedure. Summary should also include details of injuries, any treatment provided, hospital attended and

RESTRICTED – WHEN COMPLETE

who provided treatment;

- What was the officer/officers assessment of the situation and justification for discharge of CS/PAVA Spray;
- Ensure police supervisor has read and endorsed the form;
- Where a CS/PAVA Spray Discharge form has not been referred to PIRC within a reasonable time period, an outline of the reasons for the delay.

This list is not intended to be exhaustive but outlines a minimum requirement for PIRC to properly assess and reach a determination. Clearly, in other more unique sets of circumstances where CS/PAVA is discharged there will be a requirement to provide additional information as appropriate.

SUMMARY:

FORM COMPLETED BY

Forename	Surname	PSI	Rank

Once complete, this form **must** be forwarded to your Line Manager who should provide comment and sign.

SUPERVISORY CHECK

Supervisors should use this box to provide comment on the report and confirm reading.

Forename	Surname	PSI	Rank

CONTINUATION SHEET