

The purpose of this form is to comply with Ontario Regulation **434/07**
 (Recordkeeping Requirements for Licensed Business Entities).

(This space reserved for Office use only)

Instructions

- This form must be completed each time that a licensed employee in the course of employment:
 - uses handcuffs, a baton, a firearm or any other weapon
 - uses any other kind of force
 - is accompanied by a dog that attacks a person
- Please complete **all applicable** parts of this form. **Parts A and C must be completed in all circumstances.**
- Complete a separate form for each licensed employee, **where there is more than one licensed employee** involved in a single incident
- Ensure **all** written information is legible.
- **Once the form is completed, ensure that it is signed by both an authorized representative of the licensed employer, and the licensed employee involved in the incident.**
- **Retain a copy of this form for 4 years from the time it is completed, but if the form is relevant to an ongoing investigation, inspection, complaint, court or administrative proceeding, the form must be retained until the conclusion of the matter.**

Name of Licensed Employer

Part A - Licensed Employee Involved

Family/Last Name		Given Name(s)		Licence Number
Address				
Street No.	Street Name			Unit/Suite/Apt.
Rural Route	PO Box	Postal Station	City/Town	
Province			Postal Code	
Home Phone Number ()		Work Phone Number ()		
<input type="checkbox"/> Licensed Security Guard		<input type="checkbox"/> Licensed Private Investigator		

Part B - Notifications by Licensed Business Entity (complete only if applicable)

Police Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Service	Date/Time Notified (yyyy/mm/dd hh:mm)
Chief Firearms Office <input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Time Notified (yyyy/mm/dd hh:mm)

Part C - Incident Details

Location/Address of Incident

Date of Incident (yyyy/mm/dd)	Time of Incident	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
-------------------------------	------------------	--

Type of Force Used

<input type="checkbox"/> Firearm- Discharged	<input type="checkbox"/> Baton – Used to Strike Someone	<input type="checkbox"/> Other Type of Weapon (Explain)
<input type="checkbox"/> Firearm-Pointed at person	<input type="checkbox"/> Baton – Drawn	<input type="checkbox"/> Other Type of Force (Explain)
<input type="checkbox"/> Firearm- Drawn	<input type="checkbox"/> Dog - Used to Attack	
	<input type="checkbox"/> Handcuff Used	

Explanation (provide details)

Part C - Incident Details (continued)

Reason for Use of Force

- Protect Self Protect Public
 Effect Citizens Arrest Other (Explain)

Alternative Strategies Used

- Notified Police
 Other (Explain)

Explanation (provide details)

Type of Firearm Used

- | | | | |
|--|--|----------------------------------|--|
| <input type="checkbox"/> Revolver | No. of Rounds Discharged (if applicable) | <input type="checkbox"/> Shotgun | No. of Rounds Discharged (if applicable) |
| <input type="checkbox"/> Semi-Automatic Pistol | No. of Rounds Discharged (if applicable) | <input type="checkbox"/> N/A | No. of Rounds Discharged (if applicable) |

Weather Conditions

- Clear Snow/Sleet
 Sunny Fog
 Cloudy Rain
 Other (Explain)

Lighting Conditions

- Daylight Good Artificial Light
 Dawn Poor Artificial Light
 Dusk

Part D - Injuries (complete only if applicable)

Persons Injured

- Self Third party uninvolved person/bystander
 Involved person/s

Nature of Injuries

- Minor Fatal
 Serious Unknown

Acknowledgement

Completed By (Licensed Employer Representative)

Family/Last Name	Given Name(s)	Date (yyyy/mm/dd)
------------------	---------------	-------------------

Licensed Employer Representative Signature	Date (yyyy/mm/dd)
--	-------------------

Licensed Employee Signature	Date (yyyy/mm/dd)
-----------------------------	-------------------

- I have read the contents of this completed form, and I agree with them.
 I have read the contents of this completed form, and I disagree with them. (Provide Details)

Explanation (provide details)