

(This space reserved for office use only)

The purpose of this form is to comply with Ontario Regulation 434/07 ("Recordkeeping Requirements for Licensed Business Entities"). To view this regulation, see our website at www.ontario.ca/private-security under the "Act and Regulations" section.

PART 1 - INSTRUCTIONS

- This form must be fully completed each time that a licensed employee in the course of employment:
 - uses handcuffs, a baton, a firearm or any other type of weapon
 - uses any other kind of force (i.e. when a licensed employee uses physical force on another person that results in an injury requiring medical attention)
 - is accompanied by a dog that attacks a person
- Complete a separate form for each licensed employee, where there is more than one licensed employee involved in a single incident
- Once the form is completed, ensure that it is signed by an authorized representative of the licensed employer, and the licensed employee involved
- Retain a copy of this form for two 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.

Business Name of Licensed Employer

PART 2 - LICENSED EMPLOYEE INVOLVED IN INCIDENT - CONTACT INFORMATION

Licence Type

- Security Guard Licence Private Investigator Licence Dual Licence (Security Guard and Private Investigator)

Last Name / Surname		First Name		Licence No.	
Street No.	Street Name			Unit/Suite/Apt.	
Rural Route	PO Box	Postal Station	City/Town	Province	Postal Code
Home Phone No.		Mobile Phone No.		E-mail Address	

PART 3 - NOTIFICATIONS BY LICENSED BUSINESS ENTITY (Complete only if applicable)

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

PART 4 - INCIDENT DETAILS

Location/Address of Incident

Date of Incident (yyyy/mm/dd)	Time of Incident (hh:mm)	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
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Type of Force Used

Firearm - Discharge Baton - Used to Strike Someone Handcuff Used
 Firearm - Pointed at person Baton - Drawn Other Type of Weapon (Explain)
 Firearm - Drawn Dog - Attacks Person Other Type of Force (Explain)

Explanation (If more space is needed, complete on a separate sheet and attach to report)

Reason for Use of Force

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

Alternative Strategies Used

- Notified Police
 Other (*Explain*)

Explanation (If more space is needed, complete on a separate sheet and attach to report)

Type of Firearm Used and Number of Rounds Discharged (Complete only if applicable)

- Revolver _____ Shotgun _____
 Semi-Automatic Pistol _____ Other (*Explain*) _____

Explanation (If more space is needed, complete on a separate sheet and attach to report)

Weather Conditions

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

Lighting Conditions

- Daylight Good Artificial Light
 Dawn Poor Artificial Light
 Dusk

Explanation (If more space is needed, complete on a separate sheet and attach to report)

PART 5 - INJURIES (Complete only if applicable)

Persons Injured

- Self Third party uninvolved person/bystander
 Involved person/s Other (*Explain*)

Nature of Injuries

- Minor Fatal
 Serious Unknown

PART 6 - ACKNOWLEDGEMENT (To be completed by an official of the employer only e.g. Director, Manager)

Last Name / Surname

First Name

Job Title

- 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. (*Explain*)

Explanation (If more space is needed, complete on a separate sheet and attach to report)

The information provided is collected under the authority of the *Private Security and Investigative Services Act, 2005* and will be used to hold a hearing before the Registrar. For further information, please contact a Customer Service Representative at 1 416 212-1650 or toll-free at 1 866 767-7454.

Signature of Company Official

X

Date of Signature (yyyy/mm/dd)

20__ / __ / __

Signature of Licensed Employee

X

Date of Signature (yyyy/mm/dd)

20__ / __ / __