



Ministry of Defence Police

Freedom of Information Manager

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Braintree CM7 4AZ

United Kingdom

Telephone: +44 (0)1371 85[REDACTED]

E-mail: MDP-FOI-DP@mod.gov.uk

Our Ref: eCase: FOI 2020/13115

RFI: 334/20

Date: 26 January 2021

Dear [REDACTED]

**FREEDOM OF INFORMATION ACT 2000: MINISTRY OF DEFENCE POLICE:
INCAPACITANT GAS/SPRAY TRAINING AND SAFETY PRECAUTIONS.**

We refer to your email dated 28 November 2020 to the Ministry of Defence Police which was acknowledged on the 29 November 2020.

We are treating your email as a request for information in accordance with the Freedom of Information Act 2000 (FOIA 2000).

In your email you requested the following information:

“1) Do you have a written policy, practice, order, direction or other document which sets out your policy on the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray by your service members and/or staff? If the answer is in the affirmative, please provide copies of the current policy version, as well as copies of any version which has been in force at any time from 1 January 2018 to 28 November 2020.

(2) Do you provide or arrange training (of any form, and delivered by any means) for your service members and/or staff, on the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray? If the answer is in the affirmative, please provide copies of the current version of the training syllabus/particulars etc. which is delivered as of 28 November 2020. Please note, I am not seeking disclosure of specific training materials or course content, but rather a relatively concise precis of the subject matter/content of the training.

(3) Do you provide or arrange training (of any form, and delivered by any means) for your service members and/or staff, on first aid etc. to be given following the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray in the event that the subject or any other person suffers an adverse reaction to the administration of the noxious substance (such as an allergic reaction, or the loss of or reduction in vision

or visual acuity which does not correct promptly and without intervention, or difficulty with breathing, or anaphylaxis, or any other similar adverse reaction)? If the answer is in the affirmative, please provide copies of the current version of the training syllabus/particulars etc. which is delivered as of 28 November 2020, as well as complete copies of all course materials which are deployed/used before, during or after the training.

(4) Do you keep records of incidents involving the deployment of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray where the subject or any other person has suffered an adverse reaction which has required the administration of any first aid etc. referenced in your answer to (3) and/or attention from a registered healthcare practitioner, such as a paramedic, doctor, or nurse? If the answer is in the affirmative, please provide full particulars of the record media/content which would be completed and retained in such circumstances, as well as copies of any document templates etc. which are in use. Please note, I am not seeking information concerning any particular or specific "real" incident which might have transpired, but rather information concerning the information/datasets which you *would* collect following a relevant incident, as well as copies of the forms/paperwork templates, which would be used to gather/record that information/dataset."

A search for information has now been completed by the Ministry of Defence Police and I can confirm that we do hold information in scope of your request. However I have to advise you that the Ministry of Defence Police are withholding the information requested under the following exemption:

Section 31(1) Law Enforcement

Section 31 is a prejudiced based qualified exemption and there is a requirement to evidence the prejudice (harm) in disclosure and consider the public interest.

Section 31(1) is engaged because although the release of the lessons plan and policy document would lead to a better informed public and provide transparency and openness, the balance favours withholding the information to maintain law enforcement and security and protect information in relation to tactical operational policing matters.

1) Do you have a written policy, practice, order, direction or other document which sets out your policy on the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray by your service members and/or staff? If the answer is in the affirmative, please provide copies of the current policy version, as well as copies of any version which has been in force at any time from 1 January 2018 to 28 November 2020.

Yes. This information has been exempted as stated above.

(2) Do you provide or arrange training (of any form, and delivered by any means) for your service members and/or staff, on the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray? If the answer is in the affirmative, please provide copies of the current version of the training syllabus/particulars etc. which is delivered as of 28 November 2020. Please note, I am not seeking disclosure of specific training materials or course content, but rather a relatively concise precis of the subject matter/content of the training.

Yes. This information has been exempted as stated above.

(3) Do you provide or arrange training (of any form, and delivered by any means) for your service members and/or staff, on first aid etc. to be given following the use of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray in the event that the subject or any other person suffers an adverse reaction to the administration of the noxious substance (such as an allergic reaction, or the loss of or reduction in vision or visual acuity which does not correct promptly and without intervention, or difficulty with breathing, or anaphylaxis, or any other similar adverse reaction)? If the answer is in the affirmative, please provide copies of the current version of the training syllabus/particulars etc. which is delivered as of 28 November 2020, as well as complete copies of all course materials which are deployed/used before, during or after the training.

Yes. This information has been exempted as stated above.

(4) Do you keep records of incidents involving the deployment of CS incapacitant gas/spray and/or PAVA incapacitant gas/spray where the subject or any other person has suffered an adverse reaction which has required the administration of any first aid etc. referenced in your answer to (3) and/or attention from a registered healthcare practitioner, such as a paramedic, doctor, or nurse? If the answer is in the affirmative, please provide full particulars of the record media/content which would be completed and retained in such circumstances, as well as copies of any document templates etc. which are in use. Please note, I am not seeking information concerning any particular or specific "real" incident which might have transpired, but rather information concerning the information/datasets which you *would* collect following a relevant incident, as well as copies of the forms/paperwork templates, which would be used to gather/record that information/dataset.

Yes. Please see enclosed blank forms.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.gov.uk).

Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely

MDP Secretariat and Freedom of Information Office



Ministry of Defence Police - Use of Force Form

V2.2
7/18

Why monitor Use of Force?

- ... ✓ To measure how frequently staff are confronted by violence and the accompanying circumstances
- ... ✓ To measure the regularity with which staff are required to offer or use force
- ... ✓ To measure the effectiveness of training and equipment in ensuring such incidents are successfully resolved

Complete this Form when one of the following techniques or tactics is used:

- Handcuffing (compliant)
- Handcuffing (non-compliant)
- Unarmed skills (including pressure points, strikes, restraints, take downs and tactical communications)
- Use of dogs
- Drawing or use of baton
- Drawing or use of irritant spray
- Limb / Body restraints
- Spit guard
- Shield
- Conductive Energy Device (C.E.D. currently TASER - in any of the 7 categories of use)
- AEP/Baton Gun: aimed or discharged
- Firearms: aimed or discharged
- Other / improvised

NB: If you are authorised to carry a FIREARMS and the ONLY use of force relates to drawing, aiming and / or firing them, then separate reporting procedures will apply. However, if conventional use of force was also used, including Less Lethal options then this form must be completed in addition.

Areas marked* in red are mandatory and must be completed

Section 1 - Details of Person Using Force

Name: *

Staff No: *

Station: *

Gender: *

Role: *

Length of Service: *

Time since last Personal Safety Training: *

Age Range: *

Details of Person Completing this Form

Only complete if different from above

Name:

Staff No:

Station:

Section 2 - Details of Incident

Date:* . Time:* : hrs Day of the Week:Choose an item.

Location Details:* Street / Highway C&C Incident No: .

Tick if On MOD Property: Custody Number: [Click here to enter text.](#)

Exact Location Details:*

Highest Level of Offender Behaviour: Verbal Resistance / Gestures Were you **Assaulted** during the Incident: **YES**

Were you **Threatened** with a weapon?

- No
- No - But Intel indicated Weapon present
- Firearm
- Bladed Weapon / Object
- Pointed Weapon / Object
- Missile / Object Thrown
- Blunt Weapon / Object
- Other - [Click here to enter text.](#)

Were you **Assaulted** with a Weapon?

- No
- Firearm
- Bladed Weapon / Object
- Pointed Weapon / Object
- Missile / Object Thrown
- Blunt Weapon / Object
- Other - [Click here to enter text.](#)

Were you **Spat At?**: **YES**

Person Impact Factors:

- Select all that apply
- Possession of a Weapon
 - Alcohol
 - Drugs
 - Mental Health
 - Prior Knowledge (Martial Arts Etc)
 - Size/Gender/Build
 - Acute Behavioural Disorder
 - Crowd
 - Other - [Click here to enter text.](#)

Reason for Using Force:

- Select all that apply
- Protect Self
 - Protect Public
 - Protect Subject
 - Protect Other Officers
 - Prevent Offence
 - Secure Evidence
 - Effect Search
 - Effect Arrest
 - Method of Entry
 - Remove Handcuffs
 - Prevent Harm
 - Prevent Escape
 - Other - [Click here to enter text.](#)

Your **Main Duty** at the time of the Incident:* Were you **Single Crewed** during the Incident: **YES**

Are you a specially **Trained TASER** officer?:

YES

Were you **Carrying TASER** at the time?:

YES

Details of Force Used

Type of Force Used:

Select all that apply

Tick if
Effective:

Tick if
Effective:

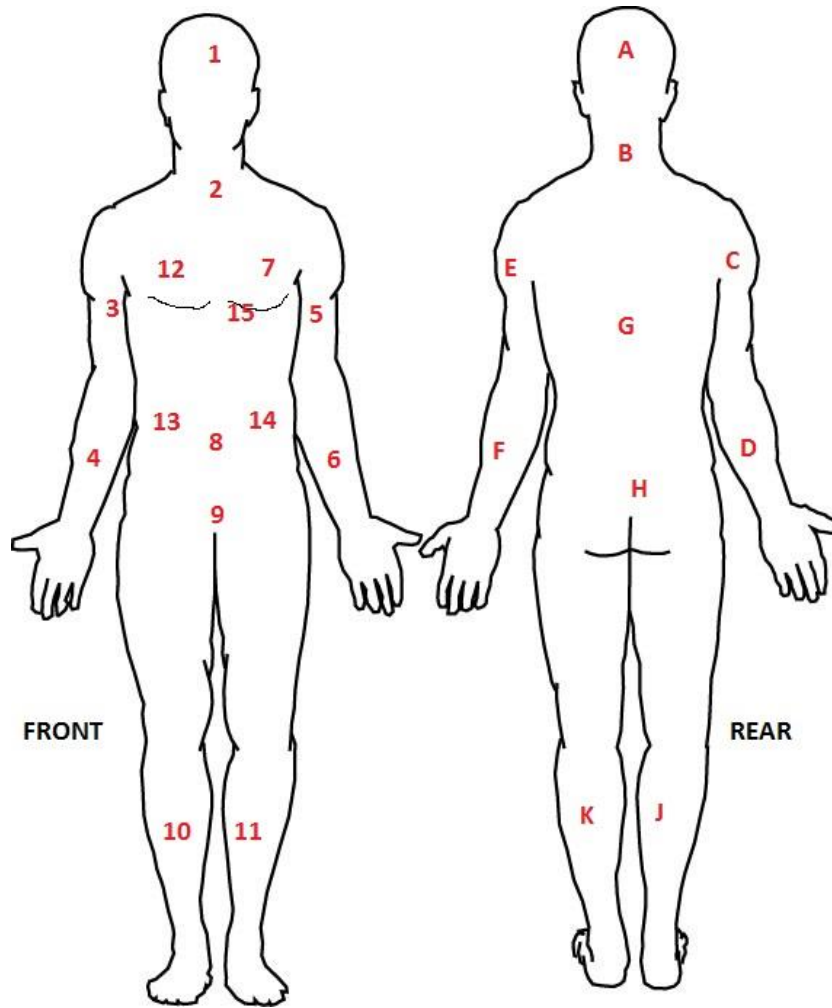
- | | | | |
|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Tactical Communications | <input type="checkbox"/> | <input type="checkbox"/> Upper Body Strike - Bottom Fist | <input type="checkbox"/> |
| <input type="checkbox"/> Pressure Point - Ear | <input type="checkbox"/> | <input type="checkbox"/> Upper Body Strike - Elbow | <input type="checkbox"/> |
| <input type="checkbox"/> Pressure Point - Neck | <input type="checkbox"/> | <input type="checkbox"/> Upper Body Strike - Forearm | <input type="checkbox"/> |
| <input type="checkbox"/> Pressure Point - Collar Bone | <input type="checkbox"/> | <input type="checkbox"/> Upper Body Strike - S.P.E.A.R. | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Inverted Wrist Lock | <input type="checkbox"/> | <input type="checkbox"/> Lower Body Strike - Sweeping Kick | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Transport Wrist Lock | <input type="checkbox"/> | <input type="checkbox"/> Lower Body Strike - Knee Strike | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Arm Entanglement | <input type="checkbox"/> | <input type="checkbox"/> Lower Body Strike - Front Kick | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Straight Arm Bar | <input type="checkbox"/> | <input type="checkbox"/> Irritant Spray Overtly Drawn | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Front Thumblock | <input type="checkbox"/> | <input type="checkbox"/> Irritant Spray Used | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Front Inside Takedown | <input type="checkbox"/> | <input type="checkbox"/> Ground Pin - Conventional (Kneeling) | <input type="checkbox"/> |
| <input type="checkbox"/> Control Technique - Rear Takedown | <input type="checkbox"/> | <input type="checkbox"/> Ground Pin - Modified (Standing) | <input type="checkbox"/> |
| <input type="checkbox"/> Compliant Handcuffing | <input type="checkbox"/> | <input type="checkbox"/> Baton Overtly Drawn | <input type="checkbox"/> |
| <input type="checkbox"/> Noncompliant Handcuffing - Front Stack | <input type="checkbox"/> | <input type="checkbox"/> Baton Strike | <input type="checkbox"/> |
| <input type="checkbox"/> Noncompliant Handcuffing - Rear Stack | <input type="checkbox"/> | <input type="checkbox"/> Baton Restraining | <input type="checkbox"/> |
| <input type="checkbox"/> Noncompliant Handcuffing - Back to Back | <input type="checkbox"/> | <input type="checkbox"/> Shield Used | <input type="checkbox"/> |
| <input type="checkbox"/> Noncompliant Handcuffing - Cuff Takedown | <input type="checkbox"/> | <input type="checkbox"/> Police Dog Deployed | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Restraint Belt - Lower Body | <input type="checkbox"/> | <input type="checkbox"/> Police Dog Bite | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Restraint Belt - Upper Body | <input type="checkbox"/> | <input type="checkbox"/> AEP/Baton Gun Aimed | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Restraint Belt - Full Wrap | <input type="checkbox"/> | <input type="checkbox"/> AEP/Baton Gun Fired (Fill in section Below) | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Restraint Belt - Fast Straps | <input type="checkbox"/> | <input type="checkbox"/> TASER (If Used fill in section Below) | <input type="checkbox"/> |
| <input type="checkbox"/> Spit Guard | <input type="checkbox"/> | <input type="checkbox"/> Firearm Aimed (Fill in Firearms Form) | <input type="checkbox"/> |
| <input type="checkbox"/> Upper Body Strike - Single Palm Heel | <input type="checkbox"/> | <input type="checkbox"/> Firearm Fired (Fill in Firearms Form) | <input type="checkbox"/> |
| <input type="checkbox"/> Upper Body Strike - Double Palm Heel | <input type="checkbox"/> | <input type="checkbox"/> Other | <input type="checkbox"/> |
| <input type="checkbox"/> Upper Body Strike - Punch | <input type="checkbox"/> | | |

Which Order did you use the Tactics in? List in order 1st, 2nd, 3rd etc:

TASER Usage Details

Tick if TASER was Used and fill out below? **YES**

Tick Below which areas Force (TASER) was Used on:



FRONT - Tick all that apply

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

REAR - Tick all that apply

- A
- B
- C
- D
- E
- F
- G
- H
- J
- K

Select Conducted Energy **Device Type** used:
Choose an item.

Device **Serial** Number:
Click here to enter text.

Select all that apply

- Drawn
- Aimed
- Arced
- Red-Dotted
- Drive-Stun
- Drive-Stun Repeat Application (No. of times)
Click here to enter text.

Cartridge 1 Serial Number Click here to enter text.

- Fired - 5 Sec Interrupted
- Fired - Repeat Cycle Same Cartridge
- Fired - Total Number of Cycles Click here to enter text.
- Fired - Cycle Extended Beyond 5 Seconds

- Fired - Miss 1 Probe
- Fired - Miss 2 Probes
- Angled Drive-Stun

Did you utilise any Further Cartridges?: **YES**

Cartridge 2 Serial Number

[Click here to enter text.](#)

- Fired - 5 Sec Interrupted
- Fired - Repeat Cycle Same Cartridge
- Fired - Total Number of Cycles [Click here to enter text.](#)
- Fired - Cycle Extended Beyond 5 Seconds
- Fired - Miss 1 Probe
- Fired - Miss 2 Probes
- Angled Drive-Stun

Cartridge 3 Serial Number

[Click here to enter text.](#)

- Fired - 5 Sec Interrupted
- Fired - Repeat Cycle Same Cartridge
- Fired - Total Number of Cycles [Click here to enter text.](#)
- Fired - Cycle Extended Beyond 5 Seconds
- Fired - Miss 1 Probe
- Fired - Miss 2 Probes
- Angled Drive-Stun

Section 3 - Subject Details

Name: *

Offender Date of Birth (if known):

Perceived Age (if Date of Birth unavailable):

Gender (Officer Perceived):

Ethnicity (Officer Perceived):

Is the Subject Physically Disabled (Officer Perceived)

YES

Is the Subject Mentally Disabled (Officer Perceived)

YES

Section 4 - Injuries to Staff

Were you Physically Injured during this Incident?: **YES**

Do you believe the injury you received was a direct result of the subject INTENTIONALLY attempting to Assault you?: **YES**

Please describe Injury level:

Was Medical Assistance provided?: **YES**

Section 5 - Injuries to Subject

To the best of your knowledge and at the time of completing this form -

Did the subject receive injuries as a result of your use of force?:

To the best of your knowledge and at the time of completing this form -

What level of injury did the subject receive from this incident, relevant specifically to your use of force?:

Was medical assistance offered? **YES**

Was medical assistance provided? **YES**

Section 6 - Outcome

What subsequently happened to the Subject

Select all that apply

- Made Off / Escaped
- Arrested
- Hospitalised
- Detained - Mental Health Act
- Fatality
- Other

Brief Details of Incident: *

Section 7 - Designated Public Order Event

Where Force is used against Person/s Unknown

Type of Force Used:

Tick if

Select all that apply

Effective?

- | | |
|--|--------------------------|
| <input type="checkbox"/> Tactical Communications | <input type="checkbox"/> |
| <input type="checkbox"/> Unarmed Skills | <input type="checkbox"/> |
| <input type="checkbox"/> Dog Deployed | <input type="checkbox"/> |
| <input type="checkbox"/> Dog Bite | <input type="checkbox"/> |
| <input type="checkbox"/> Baton Drawn | <input type="checkbox"/> |
| <input type="checkbox"/> Baton Used | <input type="checkbox"/> |
| <input type="checkbox"/> Irritant Spray Drawn | <input type="checkbox"/> |
| <input type="checkbox"/> Irritant Spray Used | <input type="checkbox"/> |
| <input type="checkbox"/> Shield Tactics | <input type="checkbox"/> |
| <input type="checkbox"/> AEP/Baton Gun Fired (Fill in section Below) | <input type="checkbox"/> |
| <input type="checkbox"/> TASER (If Used fill in section Above) | <input type="checkbox"/> |
| <input type="checkbox"/> Firearm Aimed (Fill in Firearms Form) | <input type="checkbox"/> |
| <input type="checkbox"/> Firearm Fired (Fill in Firearms Form) | <input type="checkbox"/> |
| <input type="checkbox"/> Other | <input type="checkbox"/> |

If 'Other' please enter details above:

On what Date did this take place?

Between Which Times? (24hr clock)
[] and []

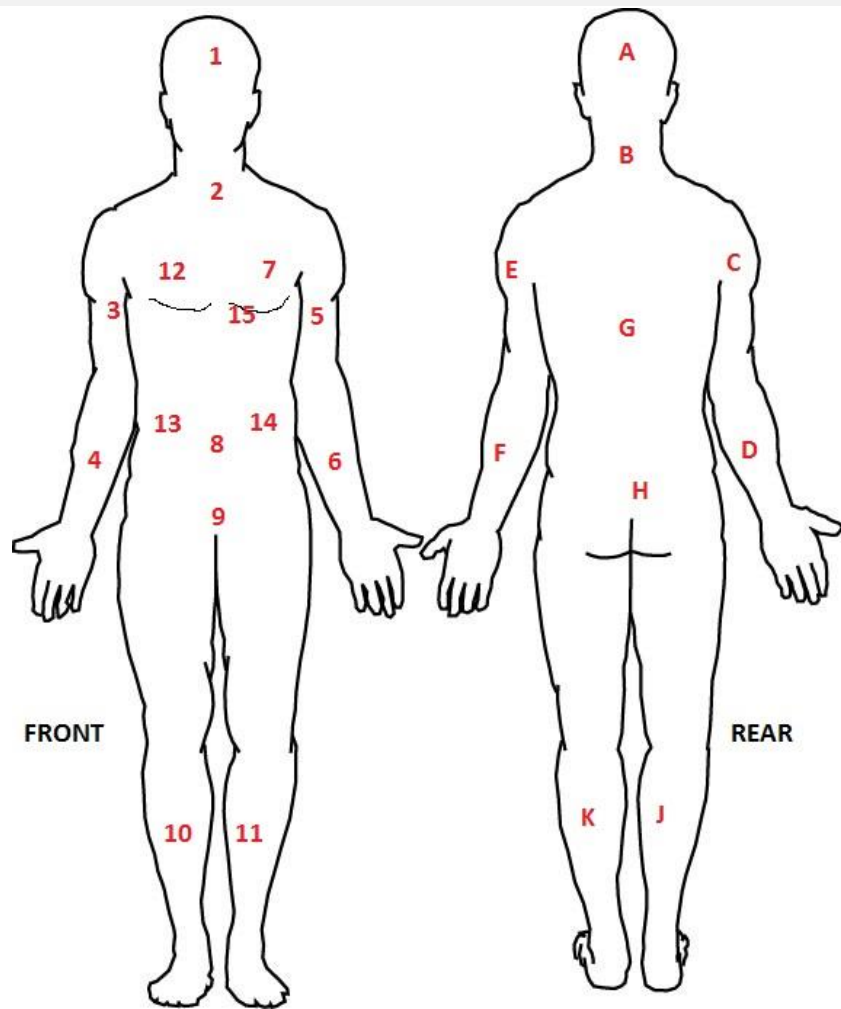
Against how many People?

Operational Order Number / CAD / Event Number

AEP / Baton Gun Usage Details

Tick if AEP / Baton Gun was Used? **YES**

Tick Below which areas Force (AEP/Baton Gun) was Used on:



FRONT - Tick all that apply

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

REAR - Tick all that apply

- A
- B
- C
- D
- E
- F
- G
- H
- J
- K

Please check that the form has all mandatory fields completed before submitting

Are you ready to submit this form?

1: Save the Form

2: Email the form to:-



PROTECT-PRIVATE (when completed)

Form: JFC/HOCS INF 510 Version 7

HLB serial number.....

Date received at HLB.....

NOTIFICATION FORM 510 for Accidents/Incidents/Near Misses in JFC and HOCS

Note that in addition, other reporting may be required including Road Traffic Collision Reporting (FMT3), Spill Reporting (7772/7773), Radiation Incident Reporting and Land System Serious Equipment Failure Reporting, etc.

Sections 1-4 of this form can be filled in by appropriate parties (IP, witness, 1st aider etc) but the form must then be forwarded to, and completed by Line management/Event OIC and SHEP adviser. HLBs will have their own procedures for further action.

Note 1: In the event of **Death, Life Threatening/Very serious incident or Major Injuries, HLB SHEP and CESO JFC must be informed with immediate effect according to reasonable practicability.**

Note 2: For Near Misses/ hazard reports there is the option to complete the tear off slip on second page only.

Section 1: GENERAL DETAILS

Establishment/Unit/Operation					
Establishment UIN		Report status	Initial report <input type="checkbox"/>	Secondary Report <input type="checkbox"/>	
Date of incident:	dd/mm/yyyy	Local time of incident	hh:mm	RIDDOR (If applicable)	Reference number
Incident Type:	Death <input type="checkbox"/>	Personal Injury <input type="checkbox"/>	Occupational Illness <input type="checkbox"/>	Fire <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>
	Environmental Incident <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Damage to equipment/property <input type="checkbox"/>	Other <input type="checkbox"/>	

Section 2: SUMMARY OF INCIDENT/NEAR MISS

Details of incident: (Include **how** e.g. slipped, fell: **what** e.g. slipped on wet surface etc: **why** e.g. poor maintenance, poor house -keeping, 3rd party act, cold, heat: **where** e.g. kitchen area, tea point, car park etc. Use this summary to clarify information in other sections where necessary. Use further sheets as required, - sign and date these.

How?	
What?	
Why?	
Where?	

Section 3: DETAILS OF PERSON SUSTAINING INJURY/OCCUPATIONAL ILLNESS (OR N/A)

Surname:		Forenames:	
Staff/Service No:	D of B	Grade/Rank	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Home Address:	N/A <input type="checkbox"/>	Please only complete in case of RIDDOR	
MOD	RN <input type="checkbox"/> RM <input type="checkbox"/> Army <input type="checkbox"/> RAF <input type="checkbox"/> Reserve Forces <input type="checkbox"/> MOD Civilian <input type="checkbox"/>	Work Status:	At <input type="checkbox"/> Off <input type="checkbox"/>
Non-MOD	Contractor <input type="checkbox"/> Cadet <input type="checkbox"/> Foreign Forces <input type="checkbox"/> Official Visitor <input type="checkbox"/> Public <input type="checkbox"/> OGD <input type="checkbox"/>	Under/ In Training	Y <input type="checkbox"/>

Employer & Work address (if not MOD):	
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Details of reporting person if not injured party		Surname	
Forenames	Staff/service no.	Rank/grade	
Contact Details of Reporting Person for further information			

Section 4: DETAILS OF INJURY OR OCCUPATIONAL ILLNESS (OR N/A)

Type of injury / occupational illness?			
Body part affected?			
Was medical treatment/first aid given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was injured person Hospitalised for more than 24 hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Duty / Work restrictions:	No impact <input type="checkbox"/> Light duties <input type="checkbox"/> Unable to continue duties <input type="checkbox"/> TBC <input type="checkbox"/>		
If injured person is unable to carry out their duties/ work, what is anticipated time lost?	Up to 3 days <input type="checkbox"/> 3 to 7 days <input type="checkbox"/> over 7 days <input type="checkbox"/> N/A <input type="checkbox"/> TBC <input type="checkbox"/>		

Section 5: LINE MANAGERS/EVENT OIC COMMENTS

Section must be completed

Details of action / investigation taken or will be taken to remove/reduce the risk of recurrence:

Any lessons identified which would assist in preventing further incidents occurring:

Are there instructions / SOP's / Risk assessments for conducting the activity? Yes No N/A

State reference number of instruction / SOP / Risk assessment (if appropriate)

Was a Permit to Work in force at the time of the incident? Yes No N/A

Have other reports been raised, in connection with this incident or other bodies informed ?e.g. AINC, NSIR-01, **SPILLREP, POLREP, etc** Yes No N/A

State which other report has been raised & give reference number (if appropriate)

Has an Investigation been initiated? Ongoing Complete

Has a formal report/inquiry been completed? Yes No Reference No: _____

Surname: _____ Initials: _____ Service/Staff number: _____

Grade/Rank/Rate: _____ Full contact number: _____ Date: _____

Section 6: SAFETY ADVISOR/FOCAL POINT COMMENTS

Section must be completed

Recommendations / lessons or safety improvements which would assist in preventing further incidents occurring:

Details / Comments on action taken or to be taken:

Surname: _____ Initials: _____ Service/Staff number: _____

Grade/Rank/Rate: _____ Full contact number: _____ Date: _____

Email Address: _____ Further details attached Yes No

I give my consent to my employer to disclose my personal information and details of the accident which appear on this form to the TU Health and Safety Representative and for them to carry out the Health and Safety functions given to them by law. Please initial this box **if you do not wish to do so** the information will still be provided but in an anonymous format.

Note 1: In accordance with the Data Protection Act 1998, the MOD will collect, use, protect and retain the information on this form for the purposes of undertaking it's duties and obligations in connection with employment legislation. The information will be disclosed to your line manager and person nominated to retain the record (NRP), to ensure they are to comply with any legal obligation. If you have any concerns consult your line manager.
Note 2: Completing this form does not constitute an admission of liability of any kind either by the person raising the report or any other person.
Note 3: The NRP is to establish a system, either on paper or electronically, to store the completed INF (MOD Form 510) such that they can be retrieved if required for legal or investigation purposes. The records should be secured such that they cannot be accessed without the consent of the person whose information is held. Forms should, however, be made available for inspection by appointed safety representatives on request.

Tear Here.....Tear Here

Near Miss/Hazard Report – Tear off and send to Site Safety Advisor

I wish to report a Near Miss Hazard

Date & time of incident _____

Location of incident _____

Details of incident _____

Hazard Removed: Yes No

Name: _____ Tel No: _____

Action Taken (This section to be completed by the SHE Advisor)

SHEP Accident Document Checklist

Please keep a list of documents collated in the event of an accident/incident for submission to the MDP SHEP Advisor.

1. Injured Party Name	2. Station/Location of Accident
3. Date of Accident	4. FCIR Log Number
5. MDP SHEP Reference Number	6. Station Reference Number
7. Brief Summary of Accident (ie. Slip/trip/fall; manual handling etc)	
8. Status: Opened: Closed:	

Documentation on file (score through if not applicable):

		Tick	Comments
1.	HINF v7 Report		
2.	Risk Assessments Pre-incident		
3.	Risk Assessments Post Incident		
4.	Photographs		
5.	Witness Statement (Injured Party)		
6.	Witness Statement (Other Parties)		
7.	Training Records (SHEP Mandatory)		
8.	Training records (Police Activity)		

9.	Formal Line Management Investigation report (JSP 375 template)		
10.	Maintenance records		
11.	Safety Brief (<i>ie. Range/MSFT/PST etc</i>)		
12.	Activity Signature Sheet/Health Declaration (<i>ie. MSFT/Firearms/PST etc</i>)		
13.	FMT3 Document (in event of RTC)		
14.	Local/Host Station Accident Investigation/Records of Event		
15.	<i>RIDDOR Report (* SHEP Advisor duty to complete HSE notification)</i>		
16.			
17.			
18.			