

Use of Force Recording Form



WHY MONITOR USE OF FORCE ?

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

USE OF FORCE IS DEFINED AS:

Where a member of staff uses a tactical option to manage conflict including compliant handcuffing. This includes occasions where equipment has been drawn but not otherwise used.*

** Excluding the use of tactical communication, escort position. If force is used on more than one person, a new form will need to be completed for each person on whom force is used.*

A record must be made of all incidents where force is used (based on the above definition), otherwise the effectiveness of particular techniques, including the drawing of equipment, will not be known. Failure to do so may give the impression that physical force is used more often than it actually is.

SOURCE: ACPO/NPIA Guidance on Personal Safety Training 2009

**NB: IF YOU ARE AUTHORISED TO CARRY A FIREARM AND THE ONLY USE OF FORCE RELATES TO THE DRAWING AND/OR USE OF THOSE WEAPONS, THEN SEPARATE PROCEDURES WILL APPLY AND THEY SHOULD BE USED INSTEAD OF THIS FORM, HOWEVER IF A CONVENTIONAL USE OF FORCE WAS USED THEN THIS FORM MUST BE COMPLETED IN ADDITION.
(FIREARMS LINK IS ATTACHED ON DETAILS OF FORCE USED.)**

Items marked with red shading are mandatory and must be completed before the form can be submitted

FORCE: Select...

Details of Person Using Force

Name:

Collar/Staff No:

Station: Select...

Gender: Select...

Role: Select...

Length of Service: Select...

Time Since Last Personal Safety Training: Select...

Age Range: Select...

Details of Person Completing this Form

ONLY COMPLETE THIS SECTION IF DIFFERENT FROM ABOVE

Name:

Collar/Staff No:

Station: Select...

What Defensive/protective equipment was being carried at the time of the incident?:
(select all that apply.)

If 'other' please enter details here:

- Protective Vest (standard issue)
- Protective Vest (ballistic/specialist)
- Limb Restraints
- Incapacitant Spray
- Folding Handcuffs
- Rigid Handcuffs
- Other Handcuffs
- PR-24 Side Handled Baton
- Straight Expandable Baton
- PSU Protective Clothing
- Shield
- Police Dog
- Firearm - Conventional
- Firearm - Baton Gun
- Taser
- Taser Officer - Not Carrying Taser at the Time
-

Details of Incident

Date and Time:

Select...

Day of the Week: Select...

Type of Duty: Select...

CAD No:

Incident Type: Select...

Neighbourhood Code of Incident: Select...

Location Details: Select...

Lighting Conditions: Select...

Person Impact Factors:

Number of Officers/Staff at Scene: Select...

| | | |
|---|--|--|
| <p><i>If 'other' please enter details here</i></p> | <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Mental Health <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Size/Build <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Prior Knowledge (i.e. Martial Arts) <input checked="" type="checkbox"/> <input style="width: 150px;" type="text"/> | <p style="text-align: right;">Single Crewed: <input type="radio"/> Yes <input type="radio"/> No</p> <p>Highest Level of Subject Behaviour: Select...</p> |
| <p>Number of Suspect/Offenders: Select...</p> | | <p>Number of Officers Using Force: Select...</p> |

Offender Details

| | | | | |
|--|--|---|--|---|
| <p>Tick if name is unknown:</p> <input type="checkbox"/> | <p>Subject's Name: </p> | <p>Subject's Perceived Age: Select...</p> | <p>Gender: Select...</p> | <p>Ethnicity: Select...</p> |
| <p>Is the subject physically disabled? <input type="radio"/> Yes <input type="radio"/> No</p> | | | | |
| <p>Does subject have a mental Health Condition? <input type="radio"/> Yes <input type="radio"/> No</p> | | | | |

DETAILS FOR PRIMARY OFFENDER

| | | |
|---|--|--|
| <p>Weapon Carried By Subject: (click all that apply)</p> | <input type="checkbox"/> None <input type="checkbox"/> Firearm <input type="checkbox"/> Bladed Weapon (i.e. knife etc) <input type="checkbox"/> Blunt Weapon (i.e. bat, cosh, etc) <input type="checkbox"/> Bottle <input checked="" type="checkbox"/> <input style="width: 150px;" type="text"/> | <p style="text-align: right;">Location of Weapons: Select... (if applicable)</p> <p>Was officer threatened with weapon? <input type="radio"/> Yes <input type="radio"/> No</p> |
| <p><i>If 'other' please enter details here</i></p> <p>Offender Injuries as a result of the use of force: (tick all that apply)</p> | <p>Offender Body Parts Injured: (tick all that apply)</p> | |

If 'other' please enter details here:

- None
- Cut
- Bruising
- Broken Bone
- Unconscious
- Death
-

Nature of injury: Select...

Result of Use of Force: Select...

Was there an Additional Escorting Officer: Select...

Method Use to Transport Offender: Select...

- None
- Head
- Torso
- Arm
- Leg

Medical Assistance Offered: Yes No N/A

Medical Assistance Provided: Yes No N/A

Details of Force Used

Reason for Use of Force: (tick all that apply)

Type of Force Used: (tick all that apply)

Was it Effective:

Select...

Yes No

- Accidental
- Effect Arrest
- Effect Stop and Search
- Effect Search in Custody
- Effect Other Search
- Prevent Escape
- Prevent Harm to Subject
- Prevent Offence
- Protect Other Officers
- Protect Public
- Protect Secure Property
- Protect Self
- Remove Handcuffs
- Secure Evidence

If 'other' please enter details in the box above

Officer/Staff Injury Details

IF THE INJURY IS NOT LIKELY TO RESULT IN TIME OFF WORK, THERE WILL BE NO NEED TO COMPLETE A SEPARATE FORM AND THE HEALTH AND SAFETY DEPARTMENT WILL USE THE DATA FROM THIS FORM.

ANY NEAR MISS OR INJURY RESULTING IN TIME OFF, THEN PLEASE FOLLOW THE LINK BELOW:

[JOINT ACCIDENT REPORTING FORM](#)

N.B. A NEAR MISS IS DEFINED AS: *SOMETHING WHICH DID NOT RESULT IN AN INJURY BUT COULD HAVE DONE.*

Were you injured as a result of the subject assaulting you? Select...

Additional Details


Are there other Incident Numbers
Applicable:

Crime:

Custody:

Is there Supporting Visual Evidence Yes

Available: No

 File Attachment

Outcome: Select...

If other chosen above, enter details here:

Are you ready to submit the form No

**You cannot submit this form until all fields have been completed.
Please check the form has all mandatory fields completed**