GEORGIA BOARD OF PRIVATE DETECTIVE AND SECURITY AGENCIES
3920 ARKWRIGHT RD. SUITE 195
MACON, GA 31210

WEAPONS DISCHARGE REPORT FORM

Please Note: All information must be provided.

EMPLOYEE AND COMPANY INFORMATION:					
Employee's Name:				License Number:	
Type of Weapon Permit:	Exposed:	Yes	No	Concealed:	Yes No
Employer's Name:				Co. License Number:	
Employer's Address:				City, State:	
Supervisor's Name:				Phone Number:	

WEAPON DISCHARGE INFORMATION:			
Date of Discharge:		Time of Discharge:	
Time Supervisor Notified:		Supervisor Notified:	
Give exact location including city where weapon was discharged:		Location:	
		Street:	
		City:	
Type of Weapon:			
Give a detailed account of the circumstances surrounding the discharge of weapon. Use additional pages as needed.			
Please attach in-house report with witness statements.			
Were the police notified?		Yes	No
If yes, include jurisdiction and case number of incident report:			
Were there any injuries resulting from the weapon discharge?		Yes	No
If yes, explain:			
Name of Injured Party:			
Address of Injured Party:			

DISCIPLINARY ACTION, FIRING RANGE SCORES AND RE-TRAINING			
Was disciplinary action taken?		Yes	No
If so, what action was taken: Use additional pages as needed.			
Submit certification of most recent firing range scores:		Date:	Score:
Firearms Instruction:	Date:		
(re-training is required)	Firearm Instructor:		
	Firearm Instructor's Signature:		

I certify and declare that the above information is true and correct. I further declare that I have recounted the weapons discharge incident to the best of my knowledge.

Date of Report:	
Employee Signature:	
Supervisor's Signature:	

Sworn and subscribed to before me this

_____day of_____, _____.

_____

NOTARY PUBLIC

Attachments: ***Company Incident Report***
Witness Statements
Police Report (if notified)
New Range Scores
Training Certification

Do Not Write in this Section: Board Office Use Only:

Presented to Board:	
Action Taken:	