



Pepper Spray Acknowledgement & Authorization

Employee Acknowledgement of the Use of Pepper Spray administrative Regulation:

I acknowledge that I have read and understand the City of Springfield's Pepper Spray Administrative Regulation. I agree to comply with all requirements outlined in the regulation and I am voluntarily requesting authorization to carry pepper spray during the course of my employment for the following reason(s):

- ☐ Working in isolated or potentially threatening areas.
- ☐ Working in proximity to potentially dangerous animals.
- ☐ Other (describe):

I understand and accept the responsibilities associated with the possession and use of pepper spray while on duty.

Employee Information:

Printed Name: _____

Signature

Date

Supervisor/Department Authorization:

The above employee has voluntarily requested to carry pepper spray as part of their job duties. I have reviewed the nature of the employee's work, considered alternative safety measures, and determined that pepper spray is an appropriate protective tool. The department acknowledges it is responsible for all related expenses, including the cost of the spray, training, replacement, and proper disposal.

Department Director or Designee

Printed Name: _____

Signature

Date

Return completed form to Human Resources/Risk Management.

Human Resources/Risk Management Use Only
<ul style="list-style-type: none"><input type="checkbox"/> Employee successfully completed training on: _____<ul style="list-style-type: none">○ Training to be repeated every two years.<input type="checkbox"/> Pepper spray issued on: _____<input type="checkbox"/> Cannister expiration date: _____