



TASER
P R O T E C T L I F E

TASER® X26 / M26 Volunteer Exposure Report

Age: _____ Sex: _____ Height: _____ Weight: _____ Check: M26 X26

Did dart contacts penetrate the subject's skin? Y / N

Length Of Exposure: 5+ Seconds; 5 Seconds; 4 Seconds; 3 Seconds; 2 Seconds; 1 Seconds

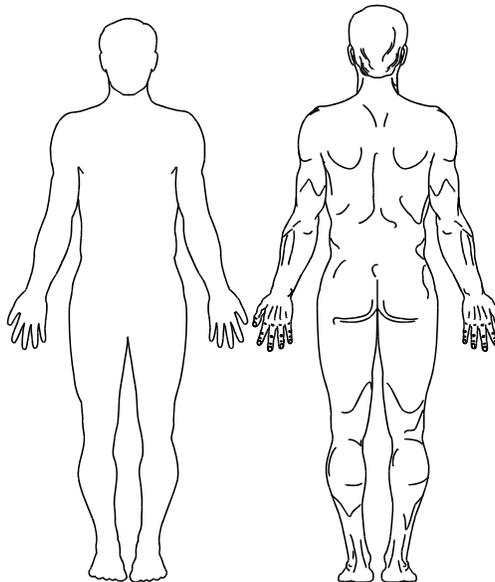
Air Cartridge Type: Regular Darts XP Darts Alligator Clips

Drive Stun: YES / NO Length of Exposure _____

Did the application cause injury: YES / NO (If yes, advise the instructor and complete the Injury Report)

If yes, was the subject treated for the injury: YES / NO

APPLICATION AREAS: Please place "X's" on the points of contact



Please list how the TASER affected you:

Could you fight the effects of the Taser and continued your attack?

May we quote your comments? Y / N

Name/Rank: _____ Signature: _____