CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
TELEPHONE: (919) 661-5980

FORM SMI 2A
(Rev. 4.10.14)

MOVING/STATIONARY RADAR MOTOR SKILL PERFORMANCE TEST
[TO BE USED FOR RADAR INSTRUMENTS WITH ONLY A SINGLE ANTENNA CAPABILITY]

The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Trainee Full Name _____

Law Enforcement Agency _____

Date of Birth _____ Social Security Number _____

Email Address _____

Description of Radar
Manufacturer: _____

Model: _____ Mode: STATIONARY/M-OPP. DIRECTION
SINGLE ANTENNA ONLY

INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP

Start Time*

A. The trainee shall identify to the instructor each component and attachments thereof for this Radar and remote unit. _____

B. The trainee shall identify and explain to the instructor all controls, indicators and adjustments and the individual purpose and functions of each for this Radar and remote unit. _____

C. Component Assembly _____
1. Antenna to Control Cabinet
2. Antenna Mounting
3. Remote Control to Control Cabinet
4. Power Switch Off
5. Plug in Power Cord

D. Radar Test _____
1. Power Switch On
2. Equipment Warm Up
3. Performance Light Test (remote)
4. Performance Internal Circuitry Test (remote)

E. Tuning Fork Accuracy Test (STATIONARY) _____
1. Antenna Aim
2. Manual Operate Control
3 Stationary Mode
4. Range and Audio Tone Adjustments (remote)
5. Striking Tuning Fork
6. Position Tuning Fork in Front of Antenna
7. MPH Readout of Tuning Fork Speed (remote)

(CONTINUED ON BACK)

F. Tuning Fork Accuracy Testing (MOVING-OPPOSITE DIRECTION) _____

1. Antenna Aim
2. Manual Operate Control
3. Moving Mode
4. Range and Audio Tone Adjustments
5. Striking Low MPH Tuning Fork
6. Position Tuning Fork in Front of Antenna
7. MPH Readout of Tuning Fork (patrol window)
8. Striking High MPH Tuning Fork
9. Position Tuning Fork in Front of Antenna
10. MPH Readout in Target Window (remote)

G. Proper selection of Patrol Vehicle Placement Area, Operator View, Vehicle Entrance/Exit Safety Factors, Antenna Aim, Antenna Angle, Range and Audio Tone Adjustments. _____

H. Tuning Fork Accuracy Check must be done prior to any clocks (begin tour of duty). _____

Total Signoff Time _____

1. FRONT (F) ANTENNA STATIONARY					**2. FRONT (F) ANTENNA MOVING-OPPOSITE DIRECTION**				
Keep Time*	[6 consecutive clocks] Init.				**Keep Time***	[6 consecutive clocks] Init.			
	TARGET ID. / TARGET SPEED LOCK / TUNING FORK	**RADAR TARGET SPEED**	**TRAINEE ESTIMATE**	**MPH ERROR**		**TARGET ID. / PATROL SPEED STEADY / VERIFY PATROL SPEED / TARGET SPEED LOCK / TUNING FORK**	**RADAR TARGET SPEED**	**TRAINEE ESTIMATE**	**MPH ERROR**
F					**F**				
F					**F**				
F					**F**				
F					**F**				
F					**F**				
F					**F**				
	Total Time:		**TOTAL ERROR**			**Total Time:**		**TOTAL ERROR**	

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RESTART (SAME DAY)

_____
CONFIGURATION

Keep Time* [6 consecutive clocks] Init.

	TARGET ID. / PATROL SPEED STEADY / VERIFY PATROL SPEED / TARGET SPEED LOCK / TUNING FORK	RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR
F				
F				
F				
F				
F				
F				
	Total Time:		**TOTAL ERROR**	

If Restart (Same Day) is in STATIONARY MODE, mark out Patrol Speed Steady and Verify Patrol Speed.

*** ERRORS ***

1. Front Antenna Stationary

2. Front Antenna Moving-Opposite Direction

TOTAL ERROR ON 12 ESTIMATES _____

TOTAL TIME OF TESTING _____

Pass or Fail on Time Allotted _____

Total Error on 12 speed estimates not to exceed 42 mph or an average error of not more than 3.5. No one error in excess of ± 12 mph.

I hereby certify that the above-named trainee ☐ ***has*** ☐ ***has not*** demonstrated one hundred (100) percent competence in each motor-skill or performance as noted on this form.

Date _____

Instructor Name *(Print)* _____

Instructor Signature _____ Certification Number _____

Instructor Name *(Print)* _____

Instructor Signature _____ Certification Number _____