FDLE
Florida Department of
Law Enforcement

RADAR OPERATOR PERFORMANCE REPORT

Incorporated by Reference in Rule 11B-35.006(6)(a), F.A.C.

CJSTC 8

Operator's Name: _____
Last **First** **MI**

Operator's Identification Number: _____

Date: _____/_____/_____ **Training School:** _____

RADAR TYPE (Check all that apply): **STATIONARY** ☐ **MOVING** ☐

RADAR LOG

DATE	HOURS	INITIALS		DATE	HOURS	INITIALS		TOTAL	INITIALS
						GRAND TOTAL			

		Pass	Fail
1) Site Selection	a) Safety	☐	☐
	b) Operation	☐	☐
	c) Interference	☐	☐
2) Set up & Test	a) Power Up	☐	☐
	b) Testing	☐	☐
3) Operation	a) Detect Violator	☐	☐
	b) Audio Doppler	☐	☐
	c) Readout Accuracy	☐	☐

Total number of violators detected: _____ **Total MPH difference recorded:** _____

I certify that the above named operator has demonstrated proficiency using microwave radar with an accuracy of _____ MPH. This operator has **PASSED** ☐ **or FAILED** ☐ the field operation tests.

_____ _____
Instructor's Signature **Date**