



Florida Department of Law Enforcement

LASER OPERATOR PERFORMANCE REPORT

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



CJSTC
9

Operator's Name: _____
Last First MI

Operator's Identification Number: _____

Date: ____/____/____ Training School: _____

RADAR TYPE (Check all that apply): STATIONARY MOVING

LASER LOG

DATE	HOURS	INITIALS	DATE	HOURS	INITIALS	TOTAL	INITIALS
						GRAND TOTAL	

- | | | <u>Pass</u> | <u>Fail</u> |
|-------------------|---------------------|--------------------------|--------------------------|
| 1) Site Selection | a) Safety | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Operation | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Interference | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Set up & Test | a) Power Up | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Testing | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Operation | a) Detect Violator | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Audio Doppler | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Readout Accuracy | <input type="checkbox"/> | <input type="checkbox"/> |

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