

## Department of Criminal Justice Services Field Training for Jail Deputies and Officers

Officers Name:	Social Security #:	
	· ·	
Department <sup>.</sup>		

Academy Attended:

Academy Completion Date: \_\_\_\_\_

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer			
Department Po	Department Policies, Procedures and Operations					
9.1						
9.2						
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9.29						
9.30	/ /					
Use of Force, Weapons Use						
9.31						
9.32						
9.33						
9.34						

Performance	Date of		Form J-1
Outcome	Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
9.35			
9.36			
9.37			
Transporting I	nmates	1	
9.38			
9.39			
9.40			
Safety Training	g		
9.41			
9.42			
9.43			
9.44			
General Tasks			
9.45			
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9.59			
9.60			
9.61			
Records	1	1	
9.62			
9.63			
9.64			
9.65			
9.66	/ /		
	Response to Terr	rorism	
9.67			
9.68			
9.69		8 and no longer required in Joil Field Training**	

\*\*9.69 will be repealed as of 1/1/18 and no longer required in Jail Field Training\*\*

I certify that the above referenced officer has demonstrated competency in all the jail officer performance outcomes listed on this form, in compliance with §9.1-102 of the Code of Virginia (1950) as amended, 6VAC20-50-40 Virginia Administrative Code and the regulations of the Criminal Justice Services Board.

Signature of Sheriff or Jail Superintendent

Date

Please return completed signed form to DCJS.