SPEED MEASUREMENT
OPERATOR PERFORMANCE REPORT

Incorporated by Reference in Rule 11B-35.0024(4)(b), F.A.C.

Student's Name: ___________________________ Student Identification Number: ___________________________

Training School: ___________________________ Date: ___________________________

PERFORMANCE OBJECTIVES

1. Site Selection (Radar & Laser)
   a) Safety
   b) Operation
   c) Interference

2. Radar Set-up and Test
   a) Light Test
   b) Internal Test
   c) External Test

3. Radar Tracking History
   a) Visual Estimate
   b) Audio Doppler
   c) Readout Accuracy

4. Laser Set-up and Testing
   a) Light Test
   b) Internal Test
   c) Distance Test
   d) Sight Alignment Test

5. Laser Targeting & Acquisition
   a) Accurate Acquisition

Total number of violators detected with RADAR: ___________________________. Average MPH Difference: ___________________________.

Total number of violators detected with LASER: ___________________________. Average MPH Difference: ___________________________.

6. Written End-of-Course Examination: A student shall achieve a score of no less than 80% on the Speed Measurement Course for the required written end-of-course examination. A student who fails the written end-of-course examination shall fail the course.
   - Written Examination: Pass ☐ or Fail ☐

7. Demonstration of Proficiency: A student shall demonstrate all the required speed measurement proficiency skills at 100% to receive a passing score with the results recorded on this form.
   - This operator has successfully completed the field practical portion of this training course. I certify that the above named operator has demonstrated proficiency by passing all the performance objectives listed above using police traffic RADAR and police traffic LASER speed measuring devices.
   - ☐
   - This operator did not successfully complete the field practical portion of this training course and requires additional training.
   - ☐

Instructor's Printed Name: ___________________________
Instructor's Signature: ___________________________
Training Center Director or Designee’s Printed Name: ___________________________
Training Center Director or Designee’s Signature: ___________________________
Date: ___________________________