<table>
<thead>
<tr>
<th>TRAINING SCHOOL</th>
<th>REGION</th>
<th>FIELD SPECIALIST</th>
<th>TIME and DATE</th>
</tr>
</thead>
</table>

Date of original non-compliance: ____________________________

Area of non-compliance: ____________________________

Corrective Action:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In Compliance ☐  Not In Compliance ☐  Corrected on site by the Field Specialist ☐

Rule Violation: ____________________________ F.A.C.

Field Specialist’s Signature: ____________________________ Date: _______________

Training Center Director or Coordinator or Instructor Signature: ____________________________ Date: _______________

Created 10/1/1993  Original-FDLE  1st Copy – Training School  1 of 1  Commission-Approved Revisions: 5/6/04
2nd Copy – Field Representative  Form Effective Date: 11/30/2004