



NOTE: The Training Center Director or Coordinator's signature is required on all non-compliance reports.

Training School: _____ Region: _____

Field Specialist: _____ Date: _____ Time: _____

Purpose of Contact: Monitor Course Facility Inspection Other _____

Monitor Course Number: _____ LE COR CPO High Liability General

Course Type: Basic Advanced Specialized Course Title _____

Instructor Name (List Rangemaster on Line Number One)	Social Security Number	In Compliance?	Expiration Year: All Certifications Expire March 31st
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Instructor Evaluation(s): Y=Yes N=No N/O=Not observed

	Yes	No	N/O		Yes	No	N/O
Checks attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilitates scenarios correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verifies students have their required equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrates procedures properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows CJSTC rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides for practice; assists students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses required or optional handouts, videos, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assesses students; gives correct feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitates student-led exercises correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stops misconduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows goals and objectives or instructor led instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses appropriate verbal and non-verbal language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of Students: _____ Instructor or Student Ratio Met? Yes No N/A

In Compliance: Non-Compliance (Comments required) Corrected on Site Rule Reference: _____ F.A.C.

FACILITY INSPECTION (Appropriate inspection form must be attached)

Firing Range Driving Facility Defensive Tactics Classroom Staffing First Aid Instructional Requirements

In Compliance Non-Compliance (Comments Required) Corrected on Site Rule Reference: _____ F.A.C.

Comments: _____

OTHER (To be used when other non-compliance issues are noted) Corrected on Site

Rule Reference: _____ Issue: _____

Comments (If non-compliance, enter comments): _____

Field Specialist's Signature: _____ Date: _____

Training Center Director or Coordinator or Instructor Signature: _____ Date: _____