

CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION



**CRIMINAL JUSTICE STANDARDS DIVISION
POST OFFICE DRAWER 149, RALEIGH, NC 27602
TELEPHONE: (919) 661-5980**

**FORM SMI 2B
(Rev. 4.10.14)**

**MOVING/STATIONARY RADAR MOTOR SKILL PERFORMANCE TEST
(TO BE USED FOR RADAR INSTRUMENTS WITH DUAL ANTENNA CAPABILITY)**

****IF INSTRUMENT HAS SAME DIRECTION MODE CAPABILITY, YOU MUST USE FORM SMI 2C****

The Social Security Number is used to make positive identification of applicant and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.

Trainee Full Name _____

Law Enforcement Agency _____

Date of Birth _____ Social Security Number _____

Email Address _____

Description of Radar

Manufacturer: _____

Model: _____

Mode: STATIONARY/M-OPPOSITE DIRECTION DUAL ANTENNA

INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP

Start Time*

A. The trainee shall identify to the instructor each component and attachments thereof for this Radar and remote unit. _____

B. The trainee shall identify and explain to the instructor all controls, indicators and adjustments and the individual purpose and functions of each for this Radar and remote unit. _____

C. Component Assembly
1. Antenna(s) to Control Cabinet
2. Antenna(s) Mounting
3. Remote Control to Control Cabinet
4. Power Switch Off
5. Plug in Power Cord

D. Radar Test
1. Power Switch On
2. Equipment Warm Up
3. Performance Light Test (remote)
4. Performance Internal Circuitry Test (remote)

E. Tuning Fork Accuracy Test (STATIONARY)
1. Antenna Aim
2. Manual Operate Control
3. Stationary Mode
4. Range and Audio Tone Adjustments (remote)
5. Striking Tuning Fork
6. Position Tuning Fork in Front of Front Antenna
7. MPH Readout of Tuning Fork Speed (remote)
8. Rear Antenna Aim
9. Striking Tuning Fork
10. Position Tuning Fork in Front of Rear Antenna
11. MPH Readout of Tuning Fork Speed (remote)

- F. Tuning Fork Accuracy Testing (MOVING-OPPOSITE DIRECTION) _____
 - 1. Antenna Aim
 - 2. Manual Operate Control
 - 3. Moving Mode
 - 4. Range and Audio Tone Adjustments
 - 5. Striking Low MPH Tuning Fork
 - 6. Position Tuning Fork in Front of Antenna
 - 7. MPH Readout of Tuning Fork (patrol window)
 - 8. Striking High MPH Tuning Fork
 - 9. Position Tuning Fork in Front of Antenna
 - 10. MPH Readout in Target Window (remote)

- G. Proper selection of Patrol Vehicle Placement Area, Operator View, Vehicle Entrance/Exit Safety Factors, Antenna Aim, Antenna Angle, Range and Audio Tone Adjustments _____

- H. Tuning Fork Accuracy Check must be done prior to any clocks (begin tour of duty). _____

Total Signoff Time _____

1. FRONT (F) <u>AND</u> REAR (R) ANTENNA STATIONARY					2. FRONT (F) <u>AND</u> REAR (R) ANTENNA MOVING-OPPOSITE DIRECTION				
Keep Time* [6 consecutive clocks] Init.					Keep Time* [6 consecutive clocks] Init.				
	TARGET ID. / TARGET SPEED LOCK / TUNING FORK	RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR		TARGET ID. / PATROL SPEED STEADY / VERIFY PATROL SPEED / TARGET SPEED LOCK / TUNING FORK	RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR
F					F				
F					F				
F					F				
R					R				
R					R				
R					R				
Total Time			TOTAL ERROR		Total Time			TOTAL ERROR	

(CONTINUED ON BACK)

RESTART (SAME DAY)				
_____ CONFIGURATION				
Keep Time*		[6 consecutive clocks] Init.		
	TARGET ID. / PATROL SPEED STEADY / VERIFY PATROL SPEED / TARGET SPEED LOCK / TUNING FORK	RADAR TARGET SPEED	TRAINEE ESTIMATE	MPH ERROR
F				
F				
F				
R				
R				
R				
Total Time			TOTAL ERROR	

If Restart (Same Day) is in **STATIONARY MODE**, mark out Patrol Speed Steady and Verify Patrol Speed.

* ERRORS *
1. Front and Rear Antenna Stationary
2. Front and Rear Antenna Moving-Opposite Direction
TOTAL ERROR ON 12 ESTIMATES
TOTAL TIME OF TESTING _____
Pass or Fail on Time Allotted _____
Total Error on 12 speed estimates not to exceed 42 mph or an average error of not more than 3.5 . No one error in excess of ± 12 mph.

I hereby certify that the above-named trainee <input type="checkbox"/> <i>has</i> <input type="checkbox"/> <i>has not</i> demonstrated one hundred (100) percent competence in each motor-skill or performance as noted on this form. Date _____	
Instructor Name (<i>Print</i>) _____	
Instructor Signature _____	Certification Number _____
Instructor Name (<i>Print</i>) _____	
Instructor Signature _____	Certification Number _____