



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

Officers Name: _____ Social Security #: _____

Department: _____

Academy Attended: _____

Academy Completion Date: _____

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
Department Policies, Procedures and Operations			
9.1	/ /		
9.2	/ /		
9.3	/ /		
9.4	/ /		
9.5	/ /		
9.6	/ /		
9.7	/ /		
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9.24	/ /		
9.25	/ /		
9.26	/ /		
9.27	/ /		
9.28	/ /		
9.29	/ /		
9.30	/ /		
Use of Force, Weapons Use			
9.31	/ /		
9.32	/ /		
9.33	/ /		
9.34	/ /		

Performance Outcome	Date of Completion	Printed Name of Field Training Officer	Signature of Field Training Officer
9.35	/ /		
9.36	/ /		
9.37	/ /		
Transporting Inmates			
9.38	/ /		
9.39	/ /		
9.40	/ /		
Safety Training			
9.41	/ /		
9.42	/ /		
9.43	/ /		
9.44	/ /		
General Tasks			
9.45	/ /		
9.46	/ /		
9.47	/ /		
9.48	/ /		
9.49	/ /		
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9.52	/ /		
9.53	/ /		
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9.55	/ /		
9.56	/ /		
9.57	/ /		
9.58	/ /		
9.59	/ /		
9.60	/ /		
9.61	/ /		
Records			
9.63	/ /		
9.63	/ /		
9.64	/ /		
9.65	/ /		
9.66	/ /		
Public Safety Response to Terrorism			
9.67	/ /		
9.68	/ /		
9.69	/ /		

9.69 will be repealed as of 1/1/18 and no longer required in Jail Field Training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, 6VAC20-20-40 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.