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| Agency: | Part 5. POST Field Training Model |
| Field Training Program Manual – Volume 2 | Date: |

section 1

Agency Orientation/Department Policies

1.1 – 1.4 Competency Requirements

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| Contents |
| 1.1 Agency-Specific Training  1.2 Agency Orientation  1.3 Community Orientation/Geographic Locations  1.4 Support Services  List of Subtopics  Attestation  Instructions to Administrators  Instructions to FTOs |

**Note to Administrators**

In order for POST to review and approve your agency’s Field Training Manual, you MUST submit the following electronic files:

1) POST-approved Field Training Application ([Form 2-229](https://post.ca.gov/portals/0/post_docs/publications/2-229.pdf))

2) Your department’s Policy & Procedure Manual

3) Your completed Guide (Volumes 1 & 2), including ALL competency requirements covered in Part 5, Sections 1–18.

LIST OF SUBTOPICS

###### 1.1 Agency-Specific Training

1.1.01 Firearms/Weapons Qualification (including Shotgun)

1.1.02 Arrest and Control Techniques

1.1.03 Impact Weapons Qualification

###### 1.2 Agency Orientation

1.2.01 Overview

1.2.02 Agency Directives, Rules, and Regulations

1.2.03 General Orders

1.2.04 Work Area

1.2.05 Authorized Equipment

1.2.06 Unauthorized Equipment

1.2.07 Uniforms/Equipment Damage

1.2.08 Procurement and Use

###### 1.3 Community Orientation/Geographic Locations

1.3.01 Community Facilities

1.3.02 Problem Areas

1.3.03 Roadways

1.3.04 Agency Jurisdiction

###### 1.4 Support Services

1.4.01 Municipal Agencies and Departments

1.4.02 Special Teams/Units

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| SECTION 1 | | AGENCY ORIENTATION/DEPARTMENT POLICIES | | | |
| Check one ONLY:  Phase 1  Phase 2  Phase 3  Phase 4  Phase 5 | | | | |  |
| Trainee |  | | FTO |  |

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| 1.1 AGENCY-SPECIFIC TRAINING | | | | | | | | | | |
|  | During the orientation period, the trainee shall be given an opportunity to become familiar with the specific training requirements of his/her agency.  The trainee shall have successfully completed the following training prior to starting the uniformed patrol field training program. | | | | | | | | | |
| 1.1.01 Firearms/Weapons Qualification (including Shotgun) | | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.1.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.1.01 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.1.02 Arrest and Control Techniques | | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.1.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.1.02 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.1.03 Impact Weapons Qualification | | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.1.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.1.03 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2 AGENCY orientation | | | | | | | | | | |
| 1.2.01 Overview | | | | | | | | | | |
|  | The trainee will discuss his/her duties and obligations, and demonstrate a working knowledge of the agency’s organization, functions, work schedule, chain of command, and rules and regulations. | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.2.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.01 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.02 Agency Directives, Rules, and Regulations | | | | | | | | | | | |
|  | The trainee shall discuss the agency’s directives, rules and regulations, including: | | | | | | | | | | |
|  | 1. Standard of conduct on and off duty (values, ethics, principles) 2. Rules governing outside employment 3. Regulations on carrying weapons off-duty 4. Hours of all shifts and absence reporting requirements | | | | | 1. Interaction with associated law enforcement agencies 2. New media release laws, rules and regulations 3. Security of agency facilities 4. Any additional agency specific directives, rules and regulations | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.2.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.02 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.03 General Orders | | | | | | | | | | | |
|  | The trainee shall review and explain department general orders related to: | | | | | | | | | | |
|  | 1. Use of Force 2. Use and Discharge of Firearms 3. Domestic Violence 4. Emergency Vehicle Operations 5. Use of Less-lethal Weapons | | | | | 1. Protective Orders 2. Hate Crimes 3. Child Abuse Investigations 4. Any additional agency-specific directives, rules, and regulations | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.2.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.03 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.04 Work Area | | | | | | | | | | | |
|  | The trainee shall be oriented to the work area, including: | | | | | | | | | | |
|  | 1. Introduction to personnel | | | | | 1. Equipment and supply locations | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.2.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.04 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.05 Authorized Equipment | | | | | | | | | | | |
|  | The trainee shall know the operation of and agency policy regarding authorized personal equipment, safety equipment, and agency equipment used by officers in the field: | | | | | | | | | | |
|  | 1. Authorized personal equipment 2. Safety equipment 3. Agency equipment | | | | |  | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

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| 1.2.05 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.05 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.06 Unauthorized Equipment | | | | | | | | | | | | |
|  | | The trainee shall review and explain what constitutes unauthorized equipment. | | | | | | | | | | |
| Reference(s): | | |  | | | | | | Case # *(If applicable)* | | | Incident # |
|  | Received Instruction | | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? | |
|  | When completed, print full name | | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test | |
| Trainee: |  | | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | | |

Additional Information:

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| 1.2.06 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.06 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.07 Uniforms/Equipment Damage | | | | | | | | | | |
|  | The trainee shall review and explain agency policy on uniforms and equipment damage. | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.2.07 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.07 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.2.08 Procurement and Use | | | | | | | | | | | |
|  | The trainee shall demonstrate the procedures for obtaining and using the following items: | | | | | | | | | | |
|  | 1. Vehicle 2. Hand-held radio 3. Firearms/weapons 4. Flares | | | | | 1. Special equipment [helmet, face shield, gas mask, oleoresin capsicum (OC) spray, etc.] 2. Report forms | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.2.08 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.2.08 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.3 community orientation/geographic locations | | | | | | | | | | | |
| 1.3.01 Community Facilities | | | | | | | | | | | |
|  | The trainee shall know how to locate the following facilities which service their agency’s jurisdiction: | | | | | | | | | | |
|  | 1. Hospitals 2. Firehouses 3. Schools | | | | | 1. Community service organizations 2. Park and recreation areas | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.3.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.3.01 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.3.02 Problem Areas | | | | | | | | | | | |
|  | The trainee shall identify and discuss locations and businesses that may attract crime and require frequent police response. These locations may include: | | | | | | | | | | |
|  | 1. Bars and taverns, nightclubs, etc. 2. Local “hang outs” and/or “hot spots” | | | | | 1. Known gang territories 2. Areas known for drug and prostitution activity | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.3.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.3.02 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.3.03 Roadways | | | | | | | | | | | |
|  | The trainee shall know the names and locations of important types of roadways in the community or assigned area, including: | | | | | | | | | | |
|  | 1. Major arteries 2. “Through streets” 3. Dead-end streets | | | | | 1. Freeways 2. Fire trails or other special access routes | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.3.03 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.3.03 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.3.04 Agency Jurisdiction | | | | | | | | | | |
|  | The trainee shall know the jurisdictional boundaries, beats, districts, or sector assignments utilized by the agency. | | | | | | | | | |
| Reference(s): | |  | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | When completed, print full name | | Date |
| FTO: |  | |  |  |  | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | |

Additional Information:

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| 1.3.04 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.3.04 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.4 SUPPORT SERVICES | | | | | | | | | | | |
| 1.4.01 Municipal Agencies and Departments | | | | | | | | | | | |
|  | 1. City Hall or County Administration Building 2. County/City Jail(s) 3. District Attorney’s Office 4. Emergency Hospital (including emergency entrance, psychiatric facilities and entrance, police parking area, and any other agency-utilized rooms or department(s) 5. Health Department and/or Coroner’s Office 6. Juvenile Hall 7. Municipal, Superior, and Juvenile Courts 8. Probation Department 9. Welfare Department | | | | | 1. State and Federal law enforcement agencies: 2. Bureau of Alcohol, Tobacco, and Firearms (ATF) 3. Bureau of Narcotic Enforcement (BNE) 4. California Highway Patrol (CHP) 5. Department of Motor Vehicles (DMV) 6. Federal Bureau of Investigations (FBI) 7. Immigration and Naturalization Service (INS) 8. Military Police 9. Postal Inspectors 10. Railroad Police 11. Secret Service 12. US Marshall Service 13. Additional support services [e.g., Service Centers, Child Protective Service(s)] | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

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| 1.4.01 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
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| 1.4.01 Part B - Agency Training Details *(field will expand automatically)* | |
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| 1.4.02 Special Teams/Units | | | | | | | | | | | |
|  | The trainee shall explain the proper utilization of agency special teams/units, including: | | | | | | | | | | |
|  | 1. SRT SWAT 2. K-9 | | | | | 1. Search and Rescue 2. Additional agency-specific units (Mental Health Units/Liaisons, Bomb Squad, etc.) | | | | | |
| Reference(s): | |  | | | | | | | Case # *(If applicable)* | | Incident # |
|  | Received Instruction | | | Competency Demonstrated | | | How  Demonstrated? | Remedial Training | | | How  Remediated? |
|  | When completed, print full name | | Date | When completed, print full name | Date | | When completed, print full name | | Date |
| FTO: |  | |  |  |  | | Field Perform  Role Play  Written Test  Verbal Test |  | |  | Field Perform  Role Play  Written Test  Verbal Test |
| Trainee: |  | |  |  |  | |  | |  |
| Comments *(field will expand automatically)* | | | | | | | | | | | |

Additional Information:

|  |  |
| --- | --- |
| 1.4.02 Part A - Reference Agency Policies/Procedures, if applicable *(600 characters maximum)*  N/A | |
|  |  |

|  |  |
| --- | --- |
| 1.4.02 Part B - Agency Training Details *(field will expand automatically)* | |
|  |  |

**See next page for Attestation**

Part 5 – Section 1: Agency Orientation/Department Policies

ATTESTATION FOR SECTION 1

**To enter your electronic signature:**

* Export your file as a PDF. (Go to File > Export > Create PDF/XPS Document)
* Click on “Fill & sign” > Click on “Sign” icon at top of page > Click on “Add signature”
* Click on the “Image” icon > Click “Select image” > Locate your signature file > Click “Apply” to place your signature.
* Enter your full name next to your signature.

**YOUR ELECTRONIC SIGNATURES VERIFY** that the Field Training Officer (FTO) and trainee attest to the following:

1. The FTO(s) provided all instruction, training, and related feedback/comments to the trainee in accordance with the agency’s training requirements for this portion of the Field Training Program.

2. The trainee demonstrated all competencies required for this portion of the Field Training Program.

3. If remedial training was performed, the results were reviewed by the appropriate FTO(s) and accepted by the trainee.

4. The final evaluation of the trainee’s performance for this portion of the Field Training Program were approved by the FTO(s) and accepted   
by the trainee.



Primary Field Training Officer: Print Full Name:



Trainee: Print Full Name:

**IMPORTANT:** After signing the Attestation, the file will be “locked” and **CANNOT BE MODIFIED**. If you need to make changes, both signatures must be removed and re-entered after the final revisions have been made.

**To remove the electronic signature:**  Click on the signature > Click on the trash icon.

**See the following pages for Instructions for Administrators and FTOs**

**How to Complete Volume II (Sections 1–18)**

INSTRUCTIONS FOR ADMINISTRATORS

**Volume II of the Field Training Manual consists of 18 Sections.** Each Section is provided as a separate file on the POST website. Prior to submitting your FTP Manual to POST for review, you must complete all 18 Sections and include them as part of your Manual.

1. ***Set up:*** Keep a Master copy of each Section file for reference. Make a copy of the file to use for agency-specific entries.
2. ***For each Section (1–18):***
   * Open the applicable file and add agency name and date (M/Y) at the top of page 1. (Do NOT alter any other portions of the file, with the exclusion of Parts A and B.)
   * For each subsection, complete Parts A and B.
     + *Part A:* Input relevant policy references from Department Policy Manual (ex. Sacramento SD Policy: Use of Force).
     + *Part B:* Input agency training details.
3. ***After completing ALL sections (1–18),*** you are required to submit the following materials via email to POST for review and approval (do NOT send printed copies):
   * 1. **Volume I and Volume II (Sections 1-18)**
     2. [**POST 2-229**](https://post.ca.gov/portals/0/post_docs/publications/2-229.pdf) **Form (scanned copy of signed original)**
     3. **Department Policy Manual**
4. Mail your POST 2-229 Form to:

**Commission on POST**

***Field Training***

**860 Stillwater Road, Suite 100**

**West Sacramento, CA 95605**

**See next page for Instructions for Field Training Officers**

**How to Complete Volume II (Sections 1–18)**

INSTRUCTIONS FOR FIELD TRAINING OFFICERS (FTOs)

**Volume II of the Field Training Manual consists of 18 Sections.** Each Section has been customized by your agency administrator(s) to include references to policies and procedures and training details to meet your agency’s Field Training Program requirements. Each file is provided as a separate file. For each Section (1–18), complete all tables for each topic.

1. ***Set up:*** Keep an unchanged copy of each section file as a master for reference. Make a copy of the file to use for your training sessions.
2. ***Tracking your training sessions:***
   * Upon completing each competency, enter the FTO and trainee names and dates, and how the competency was demonstrated, into the applicable tables.
   * Enter any note-worthy comments related to the trainee’s performance.
3. ***If trainee requires remedial training:***
   * Enter the FTO and trainee names and dates, and how the competency was remediated, to show that each competency was completed.
   * Enter any additional note-worthy comments related to the trainee’s performance.
4. ***Attestation:*** After all competencies have been performed, including any remedial training, the primary FTO and Trainee MUST enter their electronic signatures on the Attestation page (see instructions) to verify that the trainee has completed this portion of the Field Training Program.

**End Section**