CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

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

FORM SMI 3B *(Rev. 4.10.14)*

RETEST

TIME-DISTANCE MOTOR SKILL PERFORMANCE RETEST

THIS FORM SHALL BE USED FOR ALL TIME-DISTANCE RETESTS

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 _____

Date of Original Test _____

Description of Time-Distance Instrument

Manufacturer: _____ Model: _____

INSTRUCTOR INITIALS AS TRAINEE PERFORMS CORRECTLY ON EACH STEP

Start Time*

A. The trainee shall identify to the instructor each component or module of the Time-Distance Instrument named above. _____

B. The trainee shall identify and explain to the instructor all controls, indicators and adjustments and the individual purpose and functions of each for the Time-Distance Instrument named above (without power). _____

C. The trainee shall perform instrument accuracy test [(Instructor initials)enters readout on 2 & 4].

1. Calibration number input _____
2. Distance readout after calibration # calibration (within 1/4 of 1%) _____
3. Time input _____/ _____
4. MPH readout (within 1%) _____/ _____

* Deviation _____

D. Road test of 25 clocks with no error of 2 mph ± (plus-minus) on any specific clocking.
Trainee disregarded clocks _____ (maximum of five allowed during retest).

Total Sign-off and Calibration Time _____

(CONTINUED ON BACK)

RETEST _____ CONFIGURATION			RETEST _____ CONFIGURATION		
Keep Time*	[5 consecutive clocks] Init.		**Keep Time***	[5 consecutive clocks] Init.	
TARGET VEHICLE	**PATROL VEHICLE**	**MPH ERROR**	**TARGET VEHICLE**	**PATROL VEHICLE**	**MPH ERROR**
Total Time	**TOTAL ERROR**		**Total Time**	**TOTAL ERROR**	

*** ERRORS ***

1. Following Clocks

2. Approach from Rear Clocks

3. "T" Intersection Clocks

4. Meeting Clocks

5. Parked Pre-Measured Clocks

TOTAL ERROR ON 25 CLOCKS

Total Time on ORIGINAL Test _____

Total RETEST Time _____

Pass or Fail Testing Time _____

Total Error on 25 clocks not to exceed 18.7 mph or an average error of not more than .750. No one error in excess of ± 2 mph.

I hereby certify that the above-named trainee ☐ *has* ☐ *has not* demonstrated one hundred (100) percent competence in each motor-skill or performance as noted on this form. Date _____

INSTRUCTOR'S NAME (PRINT) _____

INSTRUCTOR'S SIGNATURE _____ CERTIFICATION NO._____

INSTRUCTOR'S NAME (PRINT) _____

INSTRUCTOR'S SIGNATURE _____ CERTIFICATION NO._____

THE TRAINEE IS ONLY ALLOWED TO RETEST ON THE SPECIFIED NUMBER OF CONFIGURATIONS AS DESCRIBED BELOW. IF THE TRAINEE FAILS SECTIONS A, B, OR C OF THIS RETEST FORM (IF APPLICABLE) "OR" IF THE TRAINEE'S TOTAL ERROR ON THE FIVE (COMBINED) CONFIGURATIONS STILL EXCEEDS 18.7 MPH AFTER THIS ALLOWABLE RETEST, THE STUDENT HAS FAILED THE MOTOR SKILL PERFORMANCE RE-EXAMINATION AND WILL NOT BE RECOMMENDED FOR CERTIFICATION AND SHALL ENROLL AND COMPLETE A SUBSEQUENT COURSE OFFERING IN ITS ENTIRETY BEFORE FURTHER EXAMINATION MAY BE PERMITTED.

1. On sections A, B, or C of the original test form.
2. On as many as two (2) different clocking configurations in which the clocking error is more than ± 2 mph, "OR"
3. On as many as two (2) different clocking configurations in which the average error exceeds .750 (3.75 mph). (If overall error exceeds 18.7 mph), "OR"
4. On one (1) clocking configuration in which the clocking error is more than ± 2 mph and one (1) clocking configuration in which the average error exceeds .750 (3.75 mph)