

Qualification Record

Shadow Communicator 2 (S2)

Name: _____

Call Sign: _____

All activities must be performed according to the Performance Standards.

| Evaluator | | | Qualification Criteria |
|-----------|-----------|----------|---------------------------------------------------------|
| Date | Call Sign | Initials | |
| | | | Prerequisites |
| | | | Shadow Communicator 1 |
| | | | Training |
| | | | Santa Clara County Training |
| | | | None |
| | | | Participation |
| | | | Min 1: shadow; county drill, public service or incident |
| | | | Equipment |
| | | | Field Communicator 2 equipment |
| | | | Level-specific equipment |
| | | | Knowledge |
| | | | Radio familiarity |
| | | | Managing Problems |
| | | | Operator Skill |
| | | | Traffic handling: medium-to-high rate |
| | | | Traffic types: multiple informal |
| | | | Logs and Records: 205, 211A, 214, other |

Usage:

- It is the candidate’s responsibility to maintain this record
- This document functions as a confirmation of completion of qualification requirements
- Bring this document with you to each evaluation attended for this level
- Have evaluator sign-off on each line item completed
- Retain this document as your personal record in case of error or loss of county records