SPECIAL ORDER



DISTRICT OF COLUMBIA

Instructions for Completing the Reportable Incident Form (RIF: PD Forms 901-g and 901-h)

Series Number 06 06

Effective Date

April 7, 2006

Related to

General Order RAR-901.07 (Use of Force) General Order RAR-901.08 (Use of Force Investigations)

Special Order 06-05 [Instructions for Completing the Use of Force Incident Report (UFIR: PD Forms 901-e and 901-f)]

I.	Background	Page	1	IV.	Procedural Guidelines	Page	2
II.	Definitions	Page	1	V.	Cross References	Page	6
III.	Regulations	Page	2	VI.	Attachments	Page	6

I. BACKGROUND

The Metropolitan Police Department considers the pointing of a firearm at, or in the direction of, another person to be a reportable incident. The Department remains committed to documenting and reviewing these incidents to proactively identify safety and training issues, and to improve community relations. This Special Order explains the procedures for completing the PD Form 901-g [Reportable Incident Form (RIF)] that was created to document incidents during which members, to include armed Reserve Corps officers, point their firearms at, or in the direction of, another person. This Special Order also explains procedures for completing the PD Form 901-h (Reportable Incident Form, Subject Supplement) that is to be used when more than one individual is the subject of a reportable incident (See Attachments A and B).

II. DEFINITIONS

When used in this directive, the following terms shall have the meaning designated:

- 1. Member In this order, the term "member" shall apply to all sworn personnel, and armed Reserve Corps officers.
- 2. Incident Summary (IS) Previously identified as the Complainant Summary system (CS), the CS system is now referred to as the IS system. The procedures for requesting IS numbers from OPR remains unchanged.

III. REGULATIONS

Only managers assigned to the Force Investigation Team (FIT), the rank of lieutenant or above, shall authorize the issuance of Reverse-Garrity warnings to members who decline to complete the PD Form 901-g [Reportable Incident Form (RIF)].

IV. PROCEDURAL GUIDELINES (CALEA 82.2.1-e)

- A. Use of the PD Form 901-q (RIF) (CALEA 82.2.1-a-c)
 - 1. Members shall complete the PD Form 901-g (RIF) immediately following the drawing and pointing of a firearm at, or in the direction of, another person when no other force was used.
 - 2. Members shall immediately complete a PD Form 901-h (RIF Subject Supplement) for each additional person at whom the member pointed his or her firearm.
 - 3. Members who have engaged in a use of force shall complete a PD Form 901-e [Use of Force Report (UFIR)].
- B. Members shall: (CALEA 82.2.1-d)
 - 1. Immediately notify an official following the pointing of their weapon at, or in a direction of, another person.
 - 2. Submit the PD Form 901-g (RIF) form to an official for review and approval prior to the end of his/her tour of duty. (CALEA 82.2.1-b)
- C. Supervisory officials shall:
 - Respond to the scene of an incident upon being notified that a member has pointed his/her weapon at, or in the direction of, another person. See GO-RAR-901.08 (Use of Force Investigations).
 - 2. When a member declines to complete the PD Form 901-g (RIF) immediately following a "pointing" incident, take the following actions:
 - a. Notify the element Watch Commander to respond to the scene.
 - Do **not** compel or order the subject member to make a statement or complete the PD Form 901-g (RIF) until one of the following occurs:
 - (1) The element Watch Commander receives approval by the FIT on-call manager (lieutenant or above) to authorize a Reverse-Garrity warning; or

- (2) The United States Attorney's Office (USAO) has issued a written criminal declination.
- 3. Within one hour of learning of an incident where a member points his/her weapon at, or in the direction of, another person, notify the Office of Professional Responsibility (OPR) to obtain IS tracking numbers according to the following:
 - a. During normal weekday business hours (from 0700 1900), notify the OPR, or
 - b. During non-business hours (from 1900 0700), notify the oncall OPR manager. The manager may be contacted through the Synchronized Operations Command Center (SOCC).
- 4. Review the PD Form 901-g (RIF) to ensure that the form is complete, and that there is no indication a use of force incident occurred. (CALEA 82.2.4)
- 5. If it is suspected that a member engaged in a use of force and intentionally failed to report that force, report the incident as outlined in GO-PER-120.23 (Serious Misconduct Investigations).
- 6. Prior to the end of his/her tour of duty, forward the signed, completed PD-901-g (RIF) to the element Watch Commander.

D. The Watch Commander shall:

- 1. Upon receiving a PD Form 901-g (RIF), review and ensure: (CALEA 82.2.4)
 - a. The member has completely filled out the form; and
 - b. The form has been reviewed and signed by an official.
- 2. Prior to the end of his/her tour of duty, sign the completed PD Form 901-g (RIF), and fax the form to the attention of the Commanding Officer, Force Investigation Team.
- 3. Forward the original copy of the signed PD Form 901-g (RIF), through channels, to the Commanding Officer, Force Investigation Team.
- 4. Upon notification that a member has declined to complete the PD Form 901-g (RIF) immediately following a "pointing" incident, respond to the scene.

- a. Contact the SOCC, and request that the on-call FIT manager (lieutenant or above) be paged.
- b. Provide the SOCC with a telephone number and location where the Watch Commander can be contacted.
- c. When contacted by the FIT manager, provide a detailed summary of the incident.
- d. If the FIT manager authorizes the issuance of a Reverse-Garrity warning, issue a Reverse-Garrity warning to the member.

NOTE: Sample Reverse-Garrity warning language for "pointing" incidents:

"The PD Form 901-g (RIF) concerns administrative matters relating to the official business of the MPD. This form is not intended for the purpose of instituting a criminal prosecution against you. During the course of completing the form, even if you disclose criminal conduct, neither self-incriminating statements nor the fruits of any self-incriminating statements will be used against you in any criminal proceeding.

Since this is an administrative matter and any self-incriminating information you disclose will not be used against you in a court of law, you are required to fill out the form fully and truthfully. General Order 201.26 (Duties, Responsibilities and Conduct of Members of the Department) states in part, 'members shall respond truthfully when questioned by supervisory officers about matters relating to official business of the police department...'. Failure to fill out the form will result in disciplinary action." (CALEA 82.2.1-c)

- e. If the FIT manager **does not** authorize the issuance of a Reverse-Garrity warning:
 - (1) Prior to being relieved from duty, complete a written request for review of the incident by the USAO.
 - (2) Submit the request using the "Use of Force Preliminary Investigation Template."
 - (3) Ensure that the request contains the following specific information:
 - (a) Summary of the event;

- (b) Member information: if the member declined to provide a statement, this should be documented in the report;
- (c) If the member provided a statement/interview, the willingness to provide the statement/interview should be documented:
- (d) All non-subject members who were involved in the incident should be interviewed;
- (e) The first official on the scene and the first member on the scene should be interviewed;
- (f) All civilian eyewitnesses should be identified and interviewed;
- (g) A completed PD Form 313 (Arrestee Illness or Injury Report), including the portion filled out by the hospital physician, should be obtained when applicable;
- (h) Any other documentation of injuries to the defendant should be documented and provided;
- (i) All arrest paperwork should be provided, such as the PD Forms 163 (Prosecution Report), 251 (Incident-Based Event Report), 252 (Supplement Report) and/or 123 (Report of Investigation);
- (j) If a member is injured, provide a copy of the PD Form 42 (Injury or Illness Report); and
- (k) All defendant statements, remarks, or complaints of misconduct should be documented and provided.
- f. Forward the request, through channels, to the Assistant Chief, OPR.
- E. Element Commanders and Directors shall ensure that all members under their command comply with the requirements of this Special Order.
- F. The Commanding Officer, Force Investigation Team, shall ensure that hard copies of the PD Form 901-g (RIF) are maintained in a centralized file in the FIT Office.

V. CROSS REFERENCES

- A. GO-RAR-901.07 (Use of Force)
- B. GO-RAR-901.08 (Use of Force Investigations)

VI. ATTACHMENTS

- 1. Attachment A: PD Form 901-g (Reportable Incident Form)
- 2. Attachment B: PD Form 901-h (Reportable Incident Form, Subject Supplement)

//SIGNED// Charles H. Ramsey Chief of Police

CHR:MJF:SOA:DAH:JAH:pas:mck

METROPOLITAN POLICE DEPARTMENT REPORTABLE INCIDENT FORM (RIF)

A. REPORTING OFFICE CS NUMBER: LAST NA		ST NAME:				FIRST NAME					MI	
AD NO.	ELEMENT		ASSIG	ENMENT		PSA		SEX	R	ACE		HEIGHT
EIGHT	APPOINTMENT D	ATF DI	JTY STATU	IS (CHEC	K ONF)	LINIFO	RM (CH	ECK ONE)				DOB
LIGITI	ATTOINTMENT		ON 🗆 OFF		K ONE)	☐ FULL		ARTIAL	☐ PL	AIN CL	OTHES	БОВ
UPV. NOTIFII	ED DATE		SUPERVIS		FIED LAS	T NAME	FIRST	NAME		MI	RANK	CAD NO.
☐ YES ☐ NO)											
N-SCENE SU	PERVISOR LAST N	AME			ON-SCE	ENE SUPERV	ISOR F	IRST NAMI	Ē	MI	RANK	CAD NO.
EVENT IN CIDENT DAT	NFORMATION TE INCIDENT TO	ME DA	TE OF RE	PORT	TIME.O	F REPORT	CCN			DISTRI	СТ	PSA
			7-20/20(10)									
OCATION OF	INCIDENT								ОТ	HER JU	JRISDICI	TION
										YES [□ NO	
				LIGH	TING CO	NDITIONS			GR	OUND	CONDITI	IONS
. SUBJECT	INFORMATIO	N										
OTAL NO. OF	SUBJECTS AT WH		PON WAS P	OINTED:			PLETE	PD 901-g FC	OR EACI			SUBJECT)
OTAL NO. OF			ON WAS P	OINTED:		(COM	PLETE 1	PD 901-g FC	OR EACI	H ADDI	TIONAL SSN	SUBJECT)
OTAL NO. OF AST NAME			PON WAS P	OINTED:		NAME		PD 901-g FC	OR EACI	MI	SSN	
OTAL NO. OF AST NAME			PON WAS P	OINTED:				PD 901-g FC	OR EACI		SSN	SUBJECT) ZIP
OTAL NO. OF		IOM WEAF	PON WAS P		FIRST	NAME		PD 901-g FC	OR EACI	MI	SSN	
OTAL NO. OF AST NAME DDRESS		IOM WEAF			FIRST	NAME		PD 901-g FC	DR EACI	MI	SSN	
OTAL NO. OF AST NAME DDRESS HONE	SUBJECTS AT WH	IOM WEAF		NT/SCHO	FIRST	CIT		PD 901-g FC	DR EACI	MI	SSN	
OTAL NO. OF AST NAME DDRESS HONE	SUBJECTS AT WH	IOM WEAR		NT/SCHO	FIRST	CIT	TY	PD 901-g FC	DR EACI	MI	SSN	
OTAL NO. OF AST NAME DDRESS HONE	SUBJECTS AT WH	IOM WEAR	MPLOYME!	NT/SCHO HI	FIRST	CIT	TY EIGHT	PD 901-g FC	DR EACI	MI	SSN	
OTAL NO. OF AST NAME DDRESS HONE OB	SEX I	IOM WEAR	MPLOYME!	NT/SCHO HI	FIRST DOL EIGHT	CIT	TY LIGHT NE)			MI	SSN	
OTAL NO. OF AST NAME DDRESS HONE OB COMPLIAN RESISTANT	SEX I	IOM WEAR	MPLOYME!	NT/SCHO HI	FIRST DOL EIGHT	CITE WE	TY TIGHT NE) TIVE (PH	IYSICAL IN	JURY)	STAT	SSN	ZIP
OTAL NO. OF AST NAME DDRESS HONE OB	SEX I	IOM WEAR	MPLOYME!	NT/SCHO HI	FIRST DOL EIGHT	VE (CHECK O) ASSAUL	TY TIGHT NE) TIVE (PH	IYSICAL IN	JURY)	STAT	SSN	ZIP
OTAL NO. OF AST NAME DDRESS HONE OB COMPLIAN RESISTANT RESISTANT	SEX I	EN RACE	MPLOYME SUBJEC	NT/SCHO HI SUBJECT	FIRST DOL EIGHT ACTION	WE (CHECK O) ASSAUL ASSAUL CK ALL TH	NE) TIVE (PH TIVE (SE	IYSICAL IN RIOUS PHY	JURY)	MI STAT	SSN TE	ZIP
OTAL NO. OF AST NAME DDRESS HONE COMPLIAN RESISTANT APO ATTEMPT A	SEX I (PASSIVE) (ACTIVE)	EN RACE DISC DEM	MPLOYME SUBJEC ORDERLY C	NT/SCHO HI SUBJECT T ACTIVI CONDUCT ION	FIRST OOL EIGHT ACTION	WE (CHECK O) ASSAUL ASSAUL HOSTAG LANDLO	TY LIGHT NE) TIVE (PH TIVE (SE AT APP) E PRD/TEN.	IYSICAL IN RIOUS PHY LY)	JURY) 'SICAL I	NJURY DANCE ROBB	SSN / DEATH	ZIP
OTAL NO. OF AST NAME DDRESS HONE COMPLIAN' RESISTANT RESISTANT APO ATTEMPT A ADW	SEX I (PASSIVE) (ACTIVE)	EM RACE DISC DEM DEFI	SUBJEC DRDERLY CONSTRATI	NT/SCHO HI SUBJECT T ACTIVI CONDUCT ON V ASSAUL	FIRST DOL EIGHT ACTION	WE (CHECK O) ASSAUL ASSAUL CK ALL TH HOSTAG	TY LIGHT NE) TIVE (PH TIVE (SE AT APP) E PRD/TEN. ATTEMI	IYSICAL IN RIOUS PHY LY)	JURY) 'SICAL I	NJURY DANG ROBB BURG	SSN / DEATH	ZIP
OTAL NO. OF AST NAME DDRESS HONE OB COMPLIAN RESISTANT RESISTANT	SEX III (PASSIVE) (ACTIVE)	EM RACE DISC DEM DEFI	SUBJEC DRDERLY CONSTRATI ENDING AN	NT/SCHO HI SUBJECT T ACTIVI CONDUCT ON V ASSAUL	FIRST OOL EIGHT TACTION	CK ALL TH HOSTAG LANDLO SUICIDE TRAFFIC	EIGHT NE) TIVE (PETIVE (SE AT APPI E RD/TEN, ATTEMIO ORTING	IYSICAL IN RIOUS PHY LY)	JURY) 'SICAL I	NJURY DANG ROBB BURG FOOT	SSN / DEATH	ZIP

METROPOLITAN POLICE DEPARTMENT REPORTABLE INCIDENT FORM (RIF)

		SUBJECT WEAPON IN	FORMA				
WEAPON YES NO	FIREARM YES NO	BLUNT WEAPON YES NO		EDGED WEAPON YES NO			ER WEAPON NO
	TYPE:	TYPE:		TYPE:		TYPE:	
	RECOVERED YES NO	RECOVERED ☐ YES ☐ NO		RECOVERED YES NO		RECOVER YES	
	RECOVERY LOCATION	RECOVERY LOCATION		RECOVERY LOCATIO			Y LOCATION
	DISCHARGED						
	☐ YES ☐ NO						
D. OTHER OFF	ICER INFORMATION						
	MEMBERS POINT THEIR WEAF		YES	□ NO □ UNKNOWN		ES, LIST BEI	
	OF, ANOTHER PERSON DURING	G THIS INCIDENT?		_	ADDT		NECESSARY)
CAD NUMBER:	LAST NAME:		FIRST	T NAME		MI	RANK
<u></u>							<u> </u>
CAD NUMBER:	LAST NAME:		FIRST	T NAME		MI	RANK
	1		1			1	
E. OFFICER NA	ARRATIVE						
							l .
F. REVIEW							
OFFICER SIGNATU	URE				D	ATE	
SUPERVISOR SIGN	NATURE				D	ATE	
WATCH COMMAN	DED SICNATURE				В	ATE	
WATTERFEUNINAN	DENSIGNATIONE				<i>\</i>	47IIV	

METROPOLITAN POLICE DEPARTMENT REPORTABLE INCIDENT FORM (RIF) SUBJECT SUPPLEMENT

AST NAME FIRST NAME MI SSN ADDRESS CITY STATE ZIP PHONE EMPLOYMENT/SCHOOL SUBJECT ACTION (CHECK ONE) COMPLIANT ASSAULTIVE (PHYSICAL INJURY) RESISTANT (PASSIVE) RESISTANT (ACTIVE) SUBJECT ACTIVITY (CHECK ALL THAT APPLY) APO DISORDERLY CONDUCT HOSTAGE DANGEROUS ANIMAL ATTEMPT ARREST DEMONSTRATION LANDLORD/TENANT DISPUTE ROBBERY ADW DEFENDING AN ASSAULT SUICIDE ATTEMPT BURGLARY	OFFICER LAST NAME			OFFICER FIRST NAME		MI CAI	NUMBER		
DATE OF INCIDENT:									
ADDRESS CITY STATE ZIP PHONE EMPLOYMENT/SCHOOL SUBJECT ACTION (CHECK ONE) COMPLIANT RESISTANT (PASSIVE) RESISTANT (ACTIVE) SUBJECT ACTIVITY (CHECK ALL THAT APPLY) APO OBSORDERLY CONDUCT ATTEMPT ARREST OBEMONSTRATION ADW ALCOHOL DOMESTIC VIOLENCE DRUGS CROWD CONTROL DUI SUBJECT ACTIVITY (CHECK ALL THAT APPLY) APO OTHER MERCIARE OTHER MERCIARE OTHER MERCIARE OTHER SPECIFY BELOW) OTHER SUBJECT ACTIVITY: WEAPON FIREARM SUBJECT ACTIVITY (CHECK ALL THAT APPLY) ALCOHOL OTHER SUBJECT ACTIVITY OTHER SUBJECT ACTIVITY: SUBJECT ACTIVITY (CHECK ALL THAT APPLY) ALCOHOL OTHER SUBJECT ACTIVITY OTHER SUBJECT ACTIVITY: WEAPON FIREARM SUBJECT WEAPON INFORMATION OTHER SUBJECT ACTIVITY: WEAPON FIREARM SUBJECT WEAPON INFORMATION OTHER SUBJECT ACTIVITY: SUBJECT WEAPON INFORMATION FIREARM BLUST WEAPON TYPE: TYPE: TYPE: TYPE: TYPE: TYPE: TYPE: NO RECOVERED R	A. SUBJECT INFOR	RMATION	T		<u></u>				
ADDRESS CITY STATE ZIP CHONE EMPLOYMENT/SCHOOL SUBJECT ACTION (CHECK ONE) COMPLIANT RESISTANT (PASSIVE) RESISTANT (ACTIVE) SUBJECT ACTIVITY (CHECK ALL THAT APPLY) APO APO BEENDING AN ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH) APO BEENDING AN ASSAULT HAT APPLY) ALCOHOL DOMESTIC VIOLENCE BARRICADE BARRICADE BRUGS CROWD CONTROL DUI SUBJECT WEAPON INFORMATION TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TRANSPORTING TO DANGEROUS ANIMAL TRANSPORTING TO DANGEROUS AN	CS NUMBER:		DATE OF INCIDENT:		SUBJECT				
SUBJECT ACTION (CHECK ONE)	LAST NAME			FIRST NAME		MI SSN			
SUBJECT ACTION (CHECK ONE)	, DDDFGG			OYANY.		COTA L TOTAL	**		
SUBJECT ACTION (CHECK ONE) COMPLIANT SUBJECT ACTIVITY (CHECK ONE) ASSAULTIVE (PHYSICAL INJURY / DEATH) ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH) DESISTANT (ACTIVE) ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH) DEMONSTRATION DESISTANT (ACTIVE) DANGEROUS ANIMAL APON DEFENDING AN ASSAULT DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT DEMONSTRATION DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT DEMONSTRATION DEFENDING FOOT PURSUIT DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT TRANSPORTING FOOT PURSUIT DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT TRANSPORTING FOOT PURSUIT	ADDRESS			CITY		STATE Z	IP		
SUBJECT ACTION (CHECK ONE) COMPLIANT SUBJECT ACTIVITY (CHECK ONE) ASSAULTIVE (PHYSICAL INJURY / DEATH) ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH) DESISTANT (ACTIVE) ASSAULTIVE (SERIOUS PHYSICAL INJURY / DEATH) DEMONSTRATION DESISTANT (ACTIVE) DANGEROUS ANIMAL APON DEFENDING AN ASSAULT DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DEMONSTRATION DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT DEMONSTRATION DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT DEMONSTRATION DEFENDING FOOT PURSUIT DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT TRANSPORTING FOOT PURSUIT DOMESTIC VIOLENCE TRANSPORTING FOOT PURSUIT TRANSPORTING FOOT PURSUIT	PHONE	H	MPLOVMENT/SCHOOL						
SUBJECT ACTION (CHECK ONE) COMPLIANT	HONE		MI EO IMENTAGENOOL						
COMPLIANT	DOB	SEX RACE	HEIGHT	Γ WEIGHT					
COMPLIANT									
COMPLIANT									
RESISTANT (PASSIVE) RESISTANT (ACTIVE) SUBJECT ACTIVITY (CHECK ALL THAT APPLY) APO	COMPLIANT		SUBJECT ACT	IION (CHECK ONE) ASSAULTIVE (PH	YSICAL INJURY)				
APO	RESISTANT (PASSIV					INJURY / DEATH	I)		
APO	RESISTANT (ACTIVE	<u>2)</u>							
ATTEMPT ARREST						DANGEROUS	ANIMAI		
ALCOHOL	ATTEMPT ARREST	☐ DE	EMONSTRATION	☐ LANDLORD/TENANT DISPUTE ☐ ROBBERY					
CROWD CONTROL DUI	ALCOHOL	=		l <u>=</u>					
SUBJECT WEAPON INFORMATION		=			_	VEHICLE PURS	SUIT		
WEAPON FIREARM BLUNT WEAPON EDGED WEAPON OTHER WEAPON YES NO YES NO YES NO TYPE: TYPE: TYPE: TYPE: TYPE: RECOVERED RECOVERED RECOVERED RECOVERED YES NO YES NO RECOVERY LOCATION RECOVERY LOCATION RECOVERY LOCATION DISCHARGED YES NO B. REVIEW			· ·						
WEAPON FIREARM BLUNT WEAPON EDGED WEAPON OTHER WEAPON YES NO YES NO YES NO TYPE: TYPE: TYPE: TYPE: TYPE: RECOVERED RECOVERED RECOVERED RECOVERED YES NO YES NO RECOVERY LOCATION RECOVERY LOCATION RECOVERY LOCATION DISCHARGED YES NO B. REVIEW									
YES	WEAPON	FIREARM			GED WEAPON	OTHE	R WEAPON		
RECOVERED RECOVERED RECOVERED YES NO YES NO YES NO YES NO RECOVERY LOCATION RECOVERY LOCATION RECOVERY LOCATION DISCHARGED YES NO YES NO B. REVIEW	YES NO	YES NO	☐ YES ☐ NO	☐ YES		YES [
PER NO PECOVERY LOCATION PECOV	TY	PE:	TYPE:	TYPE:		TYPE:			
RECOVERY LOCATION RECOVERY LOCATION RECOVERY LOCATION DISCHARGED YES NO B. REVIEW									
☐ YES ☐ NO B. REVIEW					_				
☐ YES ☐ NO B. REVIEW									
B. REVIEW									
		TES NO							
						DATE			
SUPERVISOR SIGNATURE DATE	SUPERVISOR SIGNATI	JRE				DATE			
WATCH COMMANDER SIGNATURE DATE	WATCH COMMANDER	SIGNATURE				DATE			