

Trainee Name: _____

Training Coordinator: _____

**RECEIVING AND HANDLING PHYSICAL EVIDENCE – PHASE I (CLOSED CONTAINER TRANSFERS)
TRAINING DOCUMENTATION FORM**

Each section in the chart below must be initialed and dated by the training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Required Readings/SOPs				
Observation of Evidence Transfers:				Open rows may be used to document a sampling of what was observed, if desired. Full documentation is maintained in the training notebook.
Oral Competency to Perform on Casework Under Supervision:				
Performance of Evidence Transfers (Competency):				Open rows may be used to document a sampling of what was performed, if desired. Full documentation is maintained in the training notebook.

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Training Q&A Sessions: (Minimum of One)	Number will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used. Document name of person(s) conducting Q&A in the comments field.			
Q&A 1				
Q&A 2				
Q&A 3				
Q&A 4				
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Training Notebook Review(s): (Minimum of One)	Number of times will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used.			
Review 1				
Review 2				
Review 3				
Review 4				
VIRGINIA DEPARTMENT OF FORENSIC SCIENCE				
Final Steps for Qualification:				
Final Notebook Review				
Final Oral Question and Answer				