



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

PHYSICAL ASSESSMENT

I am aware of the physical requirements listed below and I have no physical limitations which would preclude my participation in the high-liability training areas of the Northwest Florida State College Basic Recruit Program.

Applicant's Name: _____ Social Security #: _____

Applicant's Signature: _____ Date: _____

Basic Recruit Program students are required to perform in the subject areas of Physical Training, Defensive Tactics, Firearms Training, and Medical First Aid as indicated below. Please initial the appropriate block which identifies the student's ability to participate in each of the areas listed.

	Yes	No
Arrest Techniques: Requires the individual to bend at waist and knees (squat and kneel). Student must have full range of motion of both arms and manipulative dexterity of the hands to properly handcuff and control an individual.	<input type="checkbox"/>	<input type="checkbox"/>
Self-Defense: Requires the individual to have joint structures which are completely flexible and free of anomalies.	<input type="checkbox"/>	<input type="checkbox"/>
The individual will be required to kick, punch, and block or parry blows.	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility Exercise: Requires the individual to participate in a variety of exercises focusing on all major muscle groups. The exercises consist of active stretching of the muscle groups through ballistic and non-ballistic movements.	<input type="checkbox"/>	<input type="checkbox"/>
Physical Conditioning: Requires the individual to participate in a variety of physical activities involving strength, flexibility, and cardiovascular endurance. This may consist of, but not limited to, push-ups, pull-ups, sit-ups, leg lifts, and 1 ½ mile run.	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation: Requires the individual to possess enough physical strength and endurance to compress the chest of an adult 1 ½" to 2" at a rate of 80 compressions per minute for five minutes. Must possess the vital capacity to inflate the lungs of a training manikin with a minimum of 0.8 liters. In addition, must have the strength to roll a 150 pound manikin to a proper position to administer back blows and abdominal thrusts.	<input type="checkbox"/>	<input type="checkbox"/>
Firearms Training: Requires the individual to be capable of 8 – 10 hour blocks of training in firearms, outdoors in prevailing weather conditions. Training may necessitate carrying 3' x 4' targets and frames, shooting up to 300 rounds of handgun ammunition (per training block), up to 50 rounds of shotgun ammunition per training block, and being in direct contact with chemical agents, to wit: Chloracetophenone gas (a.k.a. CN gas), Orthochlorobenzylidene Malononitrile gas (a.k.a. CS gas, or tear gas), Oleoresin Capsicum (a.k.a. pepper spray), and smoke. Training may also require running, jumping, kneeling, rolling, squatting, crawling, and shooting during a timed, highly stressful reactionary course.	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Signature: _____ Date: _____

Physician's Name (printed): _____

Physician's License Number and State of Licensure: _____

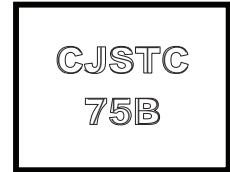
Physician's Comments: _____



Florida Department of Law Enforcement

PHYSICAL FITNESS ASSESSMENT

Incorporated by Reference in Rule 11B-35.001(11)(c)12., F.A.C.



1. Applicant's Name: Last First MI

2. Applicant's Address:

3. Enter Last Four Digits of Social Security Number:

4. Training School: Northwest Florida State College Criminal Justice Training Center

5. The Applicant Is Requesting Admission Into a Basic Recruit Training Program for One of the Following Disciplines:

Law Enforcement [] Correctional [] Correctional Probation []

6. Student Participation in Basic Recruit Training Program Activities. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:

A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS).

B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:

- Vertical Jump One Minute Sit Ups 300 Meter Run Maximum Push Ups 1.5 Mile Run/Walk

C. The training center director has attached the training schools physical fitness conditioning program: Yes []

*****TO BE COMPLETED BY THE APPLICANT*****

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, grand mal or petite mal (seizures), pernicious anemia (severe reduction in red blood cells), diabetes (any form), pueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.

8. B RTP Student Certification. I certify that I have reviewed the above information and [] I do or [] do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6, 6A, and 6B above.

9. Student's Printed Name:

10. Student's Signature: Date:

11. Prior Exposure to OC or CS. For a student who has had prior chemical agent exposure that includes chemical agent contamination and working through the effects of chemical agent contamination in a training environment, please attach the supporting documentation of prior exposure and check one of the following boxes:

I certify that I have [] OR I have not [] been exposed to oleo-resin capsicum (OC) and/or orthochlorobenzal-malononitrile (CS) in the manner described in item number 11 above.

*****TO BE COMPLETED BY THE EXAMINING PHYSICIAN*****

12. Physician Attestment. The above applicant is seeking entry into a law enforcement, correctional, or correctional probation basic recruit training program. Rule 11B-35.001(11)(c)12., F.A.C., requires a complete physical examination at a level of specificity sufficient to determine whether there are any medical or physiological restrictions that would prevent the applicant from performing the required activities described in items 6, 6A, and 6B above. Disabilities, impairment, or limitations identified by the examination that would prevent the applicant from performing the required activities should be reported to the training school indicated in item number 4 above.

[] I hereby attest that I have examined the above named applicant and find him or her CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above.

[] I hereby attest that I have examined the above named applicant and find him or her NOT CAPABLE of participating in the basic recruit training program activities indicated in item numbers 6, 6A, and 6B above

13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date

14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State

15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

*****TO BE COMPLETED BY THE TRAINING CENTER DIRECTOR OR DESIGNEE*****

16. Training Center Director or Designee's Printed Name:

Training Center Director or Designee's Signature: Date:

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (B RTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the B RTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

1. **Applicant's Name.** Enter the applicant's last name, first name, and middle initial.
2. **Applicant's Address.** Enter the applicant's current address, city, state, and zip code.
3. **Applicant's Social Security Number.** Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
4. **Training School Name.** Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
5. **Basic Recruit Training Program Discipline.** Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Prior Exposure to Chemical Agent Contamination.** The student shall indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrile (CS), and shall attach supporting documentation of such contamination.
12. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment.** The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the B RTP activities indicated in item numbers 6, 6A, and 6B of this form.
13. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date.** The physician shall complete this item to verify his or her attestation to item number 12 of this form.
14. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State.** The physician shall complete this item to verify his or her valid license number and licensing state.
15. **Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address.** The physician shall print his or her complete professional address.
16. **Training Center Director or Designee's Printed Name, Signature and Date.** The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.

Material Safety Data Sheet

PEPPER MACE®

May be used to comply with OSHA's Hazard Communication Standard, 29CFR 1910. 1200. Standard must be consulted for specific requirements.

QUICK IDENTIFIER

Common Name: (used on label and list)

4005 - MK4 5.5% Pepper Mace Stream

SECTION 1 -

Manufacturer's

Name *Defense Technology / Federal Laboratories*

Address

Postal Box 248

Emergency Telephone No.

(800) 424-9300

City, State, and ZIP

Casper, Wyoming 82602

Other Information Calls

(877) 248-3835

Signature of Person

Responsible for Preparation (Optional)

Date Prepared

11/01/01

SECTION 2 - HAZARDOUS INGREDIENTS / IDENTITY

Hazardous Component(s) (chemical & common name(s))	OSHA PEL	ACGIH TLV	Other Exposure Limits	% (optional)	CAS NO.
<i>Capsaicin</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>404-86-4</i>
<i>D-Limonene</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>5989275</i>
<i>Secondary Butanol</i>	<i>100 ppm</i>	<i>100 ppm</i>			<i>78922</i>
<i>Propylene Glycol</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>57-55-6</i>
<i>Dipropylene Glycol Monomethyl Ether</i>	<i>100* ppm</i>	<i>100* ppm</i>			<i>34590948</i>

Note: *Skin

SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS

Boiling Point	<i>211° F 370° F</i>	Specific Gravity (H2O = 1)	<i>0.947</i>	Vapor Pressure (mm Hg)	<i>NG</i>
	Vapor Density (Air = 1)	<i>NG</i>			
Solubility in Water	<i>Slight</i>	Reactivity in Water			
Appearance and Odor	<i>Dark Brown Liquid, Aromatic Odor</i>		Melting Point	<i>NG</i>	

SECTION 4 - FIRE & EXPLOSION DATA

Flash Point	<i>110° F</i>	Method Used	<i>Closed Cup</i>	Flammable Limits in Air % by Volume	LEL Lower	UEL Upper
Auto-Ignition Temperature		Extinguisher Media	<i>Use dry chemical, CO2, or water spray.</i>			
Special Fire Fighting Procedures	<i>Cool containers if exposed to fire or high heat.</i>					

Unusual Fire and Explosion Hazards *Product packaged in aerosol form may cause containers to burst when exposed to extreme heat.*

QUICK IDENTIFIER
Common Name: (used on label and list)

4005 - MK4 5.5% Pepper Mace Stream

SECTION 5 - PHYSICAL HAZARDS (REACTIVITY DATA)

Stability Unstable Stable Conditions to Avoid *Avoid exposure to extreme heat.*

Incompatibility (Materials to Avoid)

Hazardous Decomposition Products *Hazardous thermal decomposition products may form such as Carbon Monoxide, Carbon Dioxide and other toxic and corrosive gases.*

Hazardous Polymerization May Occur Will Not Occur Conditions to Avoid *Pungent fumes may be emitted on exposure to temperatures above 175° F.*

SECTION 6 - HEALTH HAZARDS

1. Acute *See Signs and Symptoms* 2. Chronic -----

Signs and Symptoms of Exposure *May cause superficial keratitis, conjunctivitis and irritation to the stomach and digestive system.*

Medical Conditions Generally Aggravated by Exposure *Dermatitis.*

Chemical Listed as Carcinogen or Potential Carcinogen National Toxicology Program Yes No I.A.R.C. Monographs Yes No OSHA Yes No

Emergency and First Aid Procedures *Remove to fresh air. If breathing is difficult, administer oxygen. If breathing has stopped, administer CPR.*

Flush eyes with cool water for at least 15 minutes. Wash with cool water and soap. Drink a glass of water and induce vomiting.

ROUTES OF ENTRY	1. Inhalation	<i>Burning sensation, irritation and nausea.</i>
	2. Eyes	<i>Burning sensation and irritation.</i>
	3. Skin	<i>Liquid and vapors can cause irritation.</i>
	4. Ingestion	<i>Liquid can cause nausea and a burning sensation.</i>

SECTION 7 - SPECIAL PRECAUTIONS AND SPILL / LEAK PROCEDURES

Precautions to be Taken in Handling and Storage *Packaged product is under pressure. Do not puncture, incinerate or store at temperature above 130° F.*

Other Precautions *Irritating to eyes, nose and skin. Avoid inhaling vapors and contact with skin.*

Steps to be Taken in Case Material is Released or Spilled *Extinguish all flames then soak up material in absorbent material and shovel into waste container.*

Waste Disposal Methods (Consult Federal, State, and Local Regulations) *Dispose of in accordance with local, state and federal regulations.*

SECTION 8 - SPECIAL PROTECTION INFORMATION / CONTROL MEASURES

Respiratory Protection (Specify Type) *Use chemical respirator, NIOSH approved.*

Ventilation	Yes	Local Exhaust	Yes	Mechanical (General)	Yes	Special	No	Other	No
-------------	-----	---------------	-----	------------------------	-----	---------	----	-------	----

Protective Gloves *Use solvent-resistant rubber gloves* Eye Protection *Use chemical-resistant goggles.*

Other Protective Clothing or Equipment *Use solvent-resistant type with full jacket.*

Work/Hygienic Practices *Avoid absorption of product on clothing. If absorbed in clothing, remove and launder at once.*

IMPORTANT

Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.