



MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION

8002 Bretz Drive

Harrisburg, Pennsylvania 17112-9748

<http://www.psp.pa.gov/MPOETC>

22-302 CONTROL TACTICS ROSTER

CLASS ID	DATE	LOCATION
LEAD INSTRUCTOR	ASSISTANT INSTRUCTOR(S)	

#	Student Signature	Student Name (printed)	Last 4 (SSN)	DOB	MPOETC Cert #	Dept Name
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Instructor must complete survey on the reverse side of this form.

22-302 CONTROL COMPLETION SURVEY

Instructors must complete the survey for each roster they are submitting. Answer the questions specifically related to the individuals listed on this roster.

List the number of students whose participation in or completion of activities in this course was effected by each item below.

Health Concerns

Existing Injuries

Other (Explain)

How many students fully participated in the activities taught in the course?

How many students partially participated in the activities taught in the course?

How many students did not participate at all?

How many students successfully completed single person standing handcuffing?

How many students successfully completed two-person standing handcuffing?

How many students successfully completed single person prone handcuffing?

How many students successfully completed two-person prone handcuffing?

ADDITIONAL COMMENTS:

LEAD INSTRUCTOR SIGNATURE