

TEAM SELECTION/EVALUATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name	Initial Selection Date
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Each candidate is to be rated against the standards below for selection as a member of the Disturbance Control/Armed Disturbance Control Team.

STANDARDS

- Response time to institution _____ minutes.
- Has successfully completed one year of service with the BOP.
(EOD Date) _____.
- Physical constraints: Yes _____ No _____.
- Has demonstrated the ability to handle difficult inmates effectively:
Yes _____ No _____.
- Does not over-react in stressful situation: Yes _____ No _____.
- Has qualified with the following weapons:

1.	Yes/No	2.	Yes/No
3.	Yes/No	4.	Yes/No

Action

APPROVAL	DISAPPROVAL
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Signature, Captain	Signature, Captain
Signature (Trainer)	Signature (Trainer)

ANNUAL EVALUATION

Date:

Action

APPROVAL

DISAPPROVAL

Signature, Chief Correctional Supv.	Signature, Chief Correctional Supv.
Signature (Trainer)	Signature (Trainer)