

RESCUE SWIMMER SCHOOL TRAINING
PROGRAM
(RSSTP)



INSTRUCTOR TRAINEE PROGRAMS
JOB QUALIFICATION REQUIREMENTS (JQR)

2005

RSSTP JQR FEEDBACK REPORT

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Section Affected:

Page(s):

Remarks/Recommendations - use additional sheets as necessary.



DEPARTMENT OF THE NAVY
NAVAL AVIATION SCHOOLS COMMAND
SAR CURRICULUM MODEL MANAGER
181 CHAMBERS AVENUE SUITE C
PENSACOLA, FL 32508-5221

1 April 2005

LETTER OF PROMULGATION

1. The Naval Aviation Schools Command, Rescue Swimmer School Training Program (RSSTP) is a risk management control designed to improve training safety by establishing standardized instructor qualification procedures. Training standardization, based on professional knowledge and experience, provides the basis for development of an efficient and sound operational procedure. The RSSTP assists the commanding officer in increasing the unit's mission capability without reducing command prestige or responsibility.
2. This Job Qualification Requirements (JQR) standardizes training and instructional qualification procedures giving the individual instructor the guidance and tools necessary to function in a high-risk training environment. Compliance with the stipulated JQR is mandatory except as authorized by the Course Curriculum Model Manager (CCMM). This JQR is prepared and kept current by the CCMM based on requests and recommendations from course instructors and supervisors as well as those from fleet and operational activities. It is designed to achieve maximum readiness and safety in the RSSTP by ensuring the most efficient and effective training and qualification of instructional personnel. Should conflicts exist between the training and operating procedures found in this JQR and those found in other publications, this JQR will govern pending review by the CCMM.

A handwritten signature in dark ink, reading "Richard A. Holzknacht". The signature is written in a cursive style with a large, sweeping flourish at the end.

Richard A. Holzknacht
Commander, U.S. Navy
Director, Survival Dept

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SECTION I

REFERENCES

REFERENCES

SHORT SUBJECT TITLE

(a) NAVEDTRA 135B	Navy School Management Manual
(b) OPNAVINST 1500.75	Safety Procedures for Conducting Training
(c) OPNAVINST 3130.6	Naval Search and Rescue Standardization Program
(d) OPNAVINST 3710.7	General NATOPS
(e) OPNAVINST 3750.6	Naval Aviation Safety Program
(f) OPNAVINST 5100.23	Navy Occupational Safety and Health (NAVOSH) Program Manual
(g) OPNAVINST 5102.1	Mishap Investigation and Reporting
(h) MANMED Article 15-71	Physical Exams
(i) NETCINST 1500.20	Safety Procedures for Conducting Training
(j) NETCINST 1500.1	Catalog of Navy Training Courses (CANTRAC)
(k) RSSTP IMP (Annex E)	Instructional Management Plan

SECTION II

PURPOSE

SCOPE

APPLICABILITY

RESPONSIBILITIES

POLICY

1. PURPOSE. Per references (a), (b) and (i), this JQR outlines the High-Risk Instructor training and certification portion of the Rescue Swimmer School Training Program. It serves as an official means of recording and verifying completion of the qualifications for Rescue Swimmer School Instructors (RSSI). Listed Job Qualification Requirements delineate instructional support personnel duties.

2. SCOPE. The JQR contains information necessary to determine the training, qualifications, and requirements for all RSSI, and instructional support personnel who conduct Chief of Naval Operations approved RSSTP courses.

3. APPLICABILITY. Per reference (a) the Core Unique Instructor Training Plan (CUITP) requirements are conducted by the Course Curriculum Model Manager (CCMM) during Rescue Swimmer School Instructor Training Course (RSSITC), CIN: Q-050-0601. JQR's shall be used by all activities authorized to conduct RSSTP training as outlined in reference (j).

4. RESPONSIBILITIES

a. The Course Curriculum Model Manager (CCMM)/Curriculum Control Authority (CCA) shall approve CUITP and JQR, distribute the curriculum to applicable activities, and maintain and update the curriculum as necessary.

b. Training activity Commanding Officers shall ensure that all personnel involved with RSSTP training are thoroughly familiar with the references and contents of the JQR.

c. Department Heads and Division Officers shall ensure that all RSSI, and Instructional Support Personnel achieve and maintain applicable training qualifications as outlined in all applicable references. Training and qualifications shall be recorded using the forms in Section III.

d. The completion of training evolutions shall be documented by designated instructor evaluators. All other items shall be documented by the Training Officer, Safety Officer, Division Officers, and Training Petty Officer. Division Officer Qualifications will be signed by a qualified Division Officer, or the Department Head.

e. Completed JQR shall be maintained in the individual's Instructor Training Jacket as a permanent record.

5. POLICY

a. INSTRUCTOR CANDIDATE REQUIREMENTS. RSSI candidates shall complete the prerequisites, training, and qualifications outlined in references (c), (d), (h), and (j), prior to obtaining a quota for RSSTPIC.

b. INSTRUCTOR CERTIFICATION. Completion of RSSTPIC suffices for completion of CUITP. Each RSSTP training site is required to have a Site Augment Plan as outlined in references (a), (b) and (i). Instructors who successfully complete RSSTPIC, Site Augment Plan, JQR and Instructor qualifications as outlined in reference (a), may be certified to teach the RSSTP courses approved in reference (j) for their activity.

c. RSS - INSTRUCTORS. The Commanding Officer shall ensure potential High Risk Instructors are screened per references (b), (h) and (i). Upon completion of the requirements listed above, RSS instructors shall be designated in writing.

d. RSSTP - TRAINING SAFETY OFFICERS. The Commanding Officer shall designate RSSTP Training Safety Officers in writing following completion of the requirements set forth by references (a), (b), (e), (f), (g) and (i).

e. CIVILIAN and MILITARY SUPPORT PERSONNEL. RSSTP Instructional Support Personnel and others involved in RSSTP training shall complete the applicable requirements outlined in references (a), (b), (i) and appropriate JQR.

f. PREVIOUS QUALIFICATIONS. Instructors and Instructional Support Personnel who have completed the training qualifications listed in the JQR prior to their issuance are not required to complete them again. Division Officers shall ensure an accurate transfer of previous qualifications to the forms in Section III as required.

g. JQR FEEDBACK REPORT. The JQR Feedback Report shall be used to provide input and recommend changes to the CCMM/CCA.

SECTION III

This section provides the forms required for official recording and verification of training and qualifications achieved. Upon successful completion of any section, the signed completion forms shall become a permanent part of the RSSTP Instructor's Training Jacket.

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

RSS INSTRUCTOR

SIGNATURE

DATE

Completion of (Q-050-0600/0602)
Aviation Rescue Swimmer School
or (A-050-0500) Surface Rescue
Swimmer School.

Completion of (A-012-0011) Group
Paced Instructor Course (9502
NEC).

Completion of Q-050-0601 Rescue
Swimmer School Training Program
Instructor Training Course.

Current ARC or equivalent
Lifeguard qualification. (3
yrs.)

Current ARC or equivalent CPR
for the Professional Rescuer.
(1 yr.)

Current ARC or equivalent CPR
for the Professional Rescuer
Instructor Certification.

Current ARC or equivalent
Supplemental Oxygen Administer.

Current SAR evaluation.

High Risk Instructor Screen.
Reference (i)

Service Record Screen.
Reference (i).

Medical Record Screen.
Reference (i)

Page-13 entry for High Risk
Instructor. Reference (i)

Received local Emergency Action
Plan brief.

Required Reading:

NETCINST 1500.20

OPNAVINST 1500.75

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

DOR/TTO Statement of Understanding:

"I have read NETCINST 1500.20, and I fully understand the DOR/TTO policies and procedures contained therein."

(Signature of Instructor Candidate)

(Date)

Observe/Monitor the following RSSTP evolutions prior to instructing under supervision:

	<u>SIGNATURE</u>	<u>DATE</u>
Pool Safety Regulations	_____	_____
Mask, Fins, and Snorkel	_____	_____
Parachute Disentanglement	_____	_____
PT Level I, II, or III Test	_____	_____
Strength Training (ARSS)	_____	_____
Level I, II, or III PT	_____	_____
Pool Conditioning	_____	_____
Approaches and Carries	_____	_____
Releases and Escapes	_____	_____
Parachute Canopy Escape	_____	_____
Inanimate Object Recovery (SRSS)	_____	_____
Direct Deployment (ARSS)	_____	_____
Overland SAR (ARSS)	_____	_____

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MULTI-RESCUE EVOLUTIONS:

Rescue Device Demo

Helo/Freefloater Indoc.

Torso/CMU30/33 Indoc.

Emergency Flotation Procedures

Rescue Litter Demo

Multiple Rescue Scenario Indoc

Open Water Lab (OWL) Swims

Helo Jumps (ARSS)

Forecastle Deployments (SRSS)

Motor Whale Boat Deployments
(SRSS)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

THREE PRE-CERTIFICATION EVALUATIONS

Evaluations shall be performed by a designated instructor evaluator, utilizing NETC forms 1540/4 (Classroom) and 1540/11 (Labs). Evaluations shall be a mix of class and laboratory training. Adequate time shall be allotted between evaluations to ensure proper preparation or per local CISO guidelines. (Reference (a))

NOTE: These documented evaluations may be completed concurrent with the observed instruction below:

NOTE: Since Civilian Contractors do not fall within the CISO certification process, each Civilian Contractor will have one Training Quality Indicator (TQI) form completed by the RSSMM or designated representative for Pre-certification. Additionally, Contractors will be required to have one TQI performed annually by the RSSMM or designated representative. These forms are to ensure standardization and training quality/content, and may be either a laboratory or classroom observation.

	<u>SIGNATURE</u>	<u>DATE</u>
First Pre-Certification Evaluation	_____	_____
Second Pre-Certification Evaluation	_____	_____
Third Pre-Certification Evaluation (CISO EVALUATOR)	_____	_____

LABORATORY: Instructor candidate shall instruct the following under the observation of a designated Instructor Evaluator:

Principles of physical fitness and dry land conditioning class	_____	_____
Level II, or III PT Lab	_____	_____
Mask, Fins, and Snorkel Lab	_____	_____
Pool Conditioning	_____	_____
Approaches and Carries Lab	_____	_____
Releases and Escapes Lab	_____	_____
Inanimate Object Recovery (SRSS)	_____	_____

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MULTI-RESCUE EVOLUTIONS:

Rescue Device Demo

Helo/Freefloater Scenario

Torso/CMU30/33 Scenario

Emergency Flotation Indoc

Rescue Litter

Multiple Rescue Scenario

Open Water Lab (OWL) Swims

Direct Deployment Lab (ARSS)

Helicopter Hoisting Operation
(ARSS)

Day/Night Overland SAR Scenario
(ARSS)

Helo Jumps (ARSS)

Forecastle Deployments (SRSS
ONLY)

Motor Whale Boat Deployments
(SRSS ONLY)

Instructor Candidate has completed all elements of the Core Unique Instructor Training Plan, Site Augment Plan, and Job Qualification Requirements (as applicable) and is recommended for Instructor duties at this site.

Division Officer _____

Date _____

Department Head _____

Date _____

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

**Individual is certified to instruct the following RSSTP courses
(only as applicable to site):**

CURRICULA, SHORT TITLE, CIN

CO's SIGNATURE

DATE

Aviation Rescue Swimmer School
(Q-050-0600/Q-050-602)

Rescue Swimmer Refresher Course
(Q-050-0604)

Surface Rescue Swimmer School
(A-050-0500)

SIGNATURE

DATE

RSSTP Instructor Designation
Letter - issued same date as
above certifications.

Instructor designation letter
signed and placed in training
jacket.

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MILITARY SUPPORT PERSONNEL (MEDICAL)

This Instructor JQR is for the purpose of ensuring that all Military Support Personnel reporting to Rescue Swimmer School as an instructor become completely familiar with the policies and training conducted at this school. Upon successful completion of this JQR you will be qualified to instruct only First Aid/Medical lesson topics associated with local RSS training site.

<u>1. PREREQUISITES</u>	<u>DATE</u>	<u>INITIALS</u>
Navy Basic Instructor Course (NEC 9502)	_____	_____
American Red Cross (ARC) CPR for the Professional Rescuer	_____	_____
ARC for the Professional Rescuer Instructor	_____	_____
ARC Standard First Aid *	_____	_____

*** If trainee is qualified higher than Standard First Aid (i.e. EMT, Hospital Corpsman, Paramedic, etc.) prerequisite is not applicable.**

<u>2. REQUIRED READING</u>		
NETCINST 1500.20	_____	_____
OPNAVINST 1500.75	_____	_____

3. OBSERVE AND TEACH *

<u>ARSS:</u>	<u>5.1</u>	<u>5.2</u>	<u>5.3</u>	<u>5.4</u>	<u>5.5</u>
CLASS DATE/INT	_____	_____	_____	_____	_____
LAB DATE/INT	_____	_____	_____	_____	_____
TEACH DATE/INT	_____	_____	_____	_____	_____

<u>SRSS:</u>	<u>5.1</u>	<u>5.2</u>	<u>RRSS:</u>	<u>2.1</u>	<u>2.2</u>
CLASS DATE/INT	_____	_____	_____	_____	_____
LAB DATE/INT	_____	_____	_____	_____	_____
TEACH DATE/INT	_____	_____	_____	_____	_____

*** Trainee shall observe a class and lab before teaching. Teaching evolutions may be used as pre-certification evaluations.**

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MILITARY SUPPORT PERSONNEL (MEDICAL)

THREE PRE-CERTIFICATION EVALUATIONS

Evaluations shall be performed by a designated instructor evaluator, utilizing NETC forms 1540/4 (Classroom) and 1540/11 (Labs). Evaluations shall be a mix of class and laboratory training. Adequate time shall be allotted between evaluations to ensure proper preparation or per local CISO guidelines. (Reference (a))

SIGNATURE

DATE

First Pre-Certification Evaluation

Second Pre-Certification Evaluation

Third Pre-Certification Evaluation (CISO EVALUATOR)

Instructor Candidate has completed all elements of the Job Qualification Requirements and Site Augment Plan (as applicable) and is recommended for instructor duties at this site.

Division Officer _____

Date _____

Department Head _____

Date _____

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MILITARY SUPPORT PERSONNEL (ALSS)

This Instructor JQR is for the purpose of ensuring that all Military Support Personnel reporting to Rescue Swimmer School as an Instructor become completely familiar with the policies and training conducted at this school. Upon successful completion of this JQR you will be qualified to instruct only lesson topics listed below.

1. <u>PREREQUISITES</u>	<u>DATE</u>	<u>INITIALS</u>
Navy Basic Instructor Course (NEC 9502)	_____	_____
2. <u>REQUIRED READING</u>		
NETCINST 1500.20	_____	_____
OPNAVINST 1500.75	_____	_____
3. <u>OBSERVE *</u>		
Rescue Swimmer's Equipment	_____	_____
Aviation Life Support Systems	_____	_____
Survivor Marker/Locator Devices	_____	_____
SAR Publications and Reports	_____	_____

Any Lesson Topic not applicable to Training Site may be N/A'd.

4. <u>TEACH *</u>		
Rescue Swimmer's Equipment	_____	_____
Aviation Life Support Systems	_____	_____
Survivor Marker/Locator Devices	_____	_____
SAR Publications and Reports	_____	_____

*** Trainee shall observe class before teaching. Teaching evolutions may be used as pre-certification evaluations.**

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

MILITARY SUPPORT PERSONNEL (ALSS)

THREE PRE-CERTIFICATION EVALUATIONS

Evaluations shall be performed by a designated instructor evaluator, utilizing NETC forms 1540/4 (Classroom) and 1540/11 (Labs). Evaluations shall be a mix of class and laboratory training. Adequate time shall be allotted between evaluations to ensure proper preparation or per local CISO guidelines. (Reference (a))

SIGNATURE

DATE

First Pre-Certification Evaluation

Second Pre-Certification Evaluation

Third Pre-Certification Evaluation (CISO EVALUATOR)

Instructor Candidate has completed all elements of the Job Qualification Requirements and Site Augment Plan (as applicable) and is recommended for instructor duties at this site.

Division Officer _____

Date _____

Department Head _____

Date _____

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

INSTRUCTOR RECURRENT TRAINING REQUIREMENTS FOR YEAR: 20__

Quarterly In-Service Safety
Training for Instructors/Support
Personnel. Refs(a)and(i).

SIGNATURE

DATE

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

Military Instructor Evaluations
(Quarterly). Reference (a).

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

Instructional Support Personnel
(Contractors) Annually Ref (a)
Training Quality Indicator

First Year

Second Year

Third Year

Fourth Year

Emergency Action Plan Walk-
through (Quarterly).
Refs(b)and(i).

First Quarter

Second Quarter

Third Quarter

Fourth Quarter

Emergency Action Plan Drill
(Annually). Refs (b) and (i)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

Safety Stand-down (Annually).
References (b) and (i).

Current Physical Examination.
Reference (f).

Current ARC/CPR for the
Professional Rescuer Instructor.

Current ARC/CPR for the
Professional Rescuer (One Year).

Current ARC/O2 Administration
(One Year). * Starting DEC/2000

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

SECTION IV

This section provides the forms required for official recording and verification of training and qualifications achieved. Upon successful completion of any section, the signed completion forms shall become a permanent part of the RSSTP Personnel's Training Jacket.

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

TRAINING SAFETY MONITOR

NOTE: TRAINING SAFETY MONITOR MUST BE E-6 OR ABOVE

SIGNATURE

DATE

Complete RSSTP Instructor or
RSSTP Division Officer JQR.

Be familiar with the ARSS,
SRSS or RSR curricula.

Current ARC or equivalent CPR
for the Professional Rescuer or
equivalent.

Current ARC or equivalent
Lifeguard or Community Water
Safety Course.

Poolside Supplemental Oxygen
Administration.

Completion of local site
Emergency Action Plan brief, to
include a walk through and a
drill.

Familiarization with all site-
specific emergency/safety
equipment, devices, and
procedures for pool, bay, PT,
and classroom evolutions.

Recommended: _____
Department Head/Division Officer Date

Qualified: _____
Commanding Officer Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

RESCUE SWIMMER SCHOOL TRAINING PROGRAM DIVISION OFFICER

SIGNATURE

DATE

The prospective division officer shall have a working knowledge of the Rescue Swimmer School Training Program as appropriate, the RSSTP CUITP, and JQRs.

The prospective Division Officer shall receive a thorough briefing from the High-Risk Training Safety Officer concerning high-risk training and NETC Instruction 1500.20.

The prospective Division Officer shall receive a thorough indoctrination concerning administrative responsibilities of the RSSTP to include but not be limited to OPNAVINST 3710.7, RSSTP Curricula, and the RSSTP Instructional Management Plan, the site's last two annual Model Manager Evaluations, Staff Training Records, and documentation.

The qualifier shall brief the prospective Division Officer on the site specific Emergency Action Plan and Site Augment Plan.

Recommended: _____
Department Head/Division Officer Date

Qualified: _____
Commanding Officer Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

SAFETY OBSERVER (S.O.)

NOTE: S.O MAY BE E-5 OR ABOVE.

SIGNATURE

DATE

Current in First Aid (Basic) and Adult CPR.

The qualifier shall brief the trainee on Site-specific Emergency Action Plan, all related pool safety equipment, and all related physical conditioning safety equipment.

The qualifier shall brief the trainee on site-specific OWL procedures and hazards.

ARSS shall include Overland SAR operations.

Observe two RSSTP physical conditioning evolutions.

Observe two RSSTP swimming or device modules.

Perform S.O. duties under Supervision

Recommended: _____
Department Head/Division Officer Date

Qualified: _____
Commanding Officer Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

INSTRUCTOR EVALUATOR

SIGNATURE

DATE

Must be a designated RSSTP Instructor.

The qualifier shall brief the trainee on the contents of the RSSTP Instructional Management Plan and NETCINST. 1500.20 concerning High-Risk Training.

Under supervision, the trainee shall evaluate and counsel an instructor during a classroom evolution and a pool evolution, correctly utilizing NETC forms 1540/4 and 1540/11.

The trainee has successfully completed all phases of the Instructor Evaluator JQR and is recommended for designation as an Instructor Evaluator.

Recommended: _____
Department Head/Division Officer Date

Qualified: _____
Commanding Officer Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

9H1 HOIST OPERATOR (ARSS Only)

SIGNATURE

DATE

Completion of local site emergency action plan brief, to include a walkthrough and a drill.

Familiarization with pool/bay emergency/safety devices, equipment, and locations.

EXPLAIN HOIST PRE-OPERATIONAL CHECKS:

Demonstrate thorough knowledge of the following components and proper inspection techniques:

Master power control box, check for security and loose or missing connections.

Hoist control panel, check for security and loose or missing connections.

Hoist motor cable drum, check for leakage and loose or missing connections.

Hook assembly, check cable guide and limit switch for proper operation.

Material condition of platform and rescue device.

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

DEMONSTRATE HOIST OPERATIONAL CHECKS:

Demonstrate thorough knowledge of the following components and proper operation:

SIGNATURE

DATE

Master power control box
red lever) - on.

Hoist control panel (rotary
shutoff switch) on.

Motor power switch - on.

Emergency motor power
shutoff switch - check for
proper operation and
reset.

Recommended: _____

Department Head/Division Officer

Date

Qualified: _____

Commanding Officer

Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

J-BAR DAVIT OPERATOR (SRSS Only)

Signature

Date

Be familiar with SRSS course
lesson plan 3.3 Water Entry
Indoctrination.

The qualifier shall brief the
trainee on site-specific J-Bar
procedures and hazards.

Observe two J-Bar Davit evolutions/
deployments.

Perform two J-Bar Davit evolutions/
deployments under supervision.

Recommended:

Department Head/Division Officer

Date

Qualified:

Commanding Officer

Date

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

This page is to be used as a record of satisfactory completion of designated sections of the JOB QUALIFICATION REQUIREMENTS (JQR). Only specified supervisors may signify completion of applicable sections either by written or oral examination, or by observation of performance. The examination or checkout need not cover every item; however, a sufficient number should be covered to demonstrate the examinee's knowledge. This qualification section is to be maintained by the trainee and updated to ensure awareness of remaining tasks.

NOTE: This JQR only applies to RSSTP sites that do not have a Training Safety Officer Program.

Job Qualifications Requirements
Feedback Report
Safety Office

From _____ Date _____

TO: COMMANDING OFFICER

Via: Safety Officer
Department Head

Subj: **Completion of RSSTP Training Safety Officer (TSO) JQR**

1. Having observed satisfactory performance, it is recommended the trainee be designated a qualified RSSTP TRAINING SAFETY OFFICER.

RECOMMENDED _____ DATE _____
(TRAINING SAFETY OFFICER)

RECOMMENDED _____ DATE _____
(DEPARTMENT HEAD)

RECOMMENDED _____ DATE _____
(SAFETY OFFICER)

QUALIFIED _____ DATE _____
(COMMANDING OFFICER)

TRAINING RECORD ENTRY _____ DATE _____
(SERVICE RECORD ENTRY)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

I. REQUIRED READING: Complete all required reading so that you are thoroughly familiar with each instruction.

A. OPNAVINST 1500.75. (SAFETY POLICY AND PROCEDURES FOR CONDUCTING HIGH-RISK TRAINING)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

B. OPNAVINST 5100.23. (NAVY OCCUPATIONAL SAFETY AND HEALTH PROGRAM, CHAPTER 14 MISHAP INVESTIGATION, REPORTING, AND RECORD KEEPING APPENDICES A-H)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

C. OPNAVINST 5102.1. (MISHAP INVESTIGATION AND REPORTING)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

D. NETCINST 1500.20. (SAFETY PROCEDURES FOR CONDUCTING TRAINING)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

E. NETCINST 1500.20D. (DROP ON REQUEST (DOR) AND TRAINING TIME OUT (TTO) PROCEDURES)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

F. NAVEDTRA 135B. (TRAINING SAFETY OFFICER)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

G. DEPARTMENTAL/SCHOOL HOUSE (STANDARD OPERATING PROCEDURES (SOP) REGULATIONS)

COMPLETED _____ DATE _____
(TRAINING OFFICER)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

H. COMMAND EMERGENCY ACTION PLAN

COMPLETED _____ DATE _____
(TRAINING OFFICER)

I. COURSE CURRICULA (PRIMARY AND SUPPORT)

COMPLETED _____ DATE _____
(SCHOOL HOUSE CISO)

II. REQUIRED READING: Be familiar with the contents and be able to use as a reference.

A. OPNAVINST 3750.6 (THE NAVAL AVIATION SAFETY PROGRAM)

B. OPNAVINST 5100.23 (NAVY OCCUPATIONAL SAFETY AND HEALTH PROGRAM MANUAL)

C. NAVEDTRA 135B (NAVY SCHOOL MANAGEMENT MANUAL)

TRAINING SAFETY OFFICERS (TSO) FUNDAMENTALS:

1. Be familiar with command high/moderate-risk training policies and responsibilities:

A. APPROVED TRAINING PROCEDURES

COMPLETED _____ DATE _____
(TRAINING OFFICER)

B. SAFETY PRECAUTIONS

COMPLETED _____ DATE _____
(SAFETY OFFICER)

C. EMERGENCY PROCEDURES

COMPLETED _____ DATE _____
(SAFETY OFFICER)

D. TRAINING FACILITIES AND EQUIPMENT

COMPLETED _____ DATE _____
(TRAINING/SAFETY OFFICER)

E. TTO AND DOR PROCEDURES

COMPLETED _____ DATE _____
(TRAINING OFFICER)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

2. Discuss with the command safety officer the procedures for reporting any problems or irregularities noted in training procedures, safety precautions, or emergency procedures.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

3. Discuss potential problem areas and the procedures for executing immediate action to remedy them.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

4. Discuss the purpose of safety stand-down of high/moderate risk courses. Review the safety review checklist contained in (APPENDIX (g) of NAVEDTRA 135B.

COMPLETED _____ DATE _____
(TRAINING/SAFETY OFFICER)

TRAINING SAFETY OFFICER QUALIFICATIONS

1. Review student critiques with Training Officer.

COMPLETED _____ DATE _____
(TRAINING OFFICER)

2. Analyze mishap/injury statistics for irregularities and/or adverse trends. Evaluate for possible improvements.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

3. Review high/moderate-risk instructors training jacket. Verify qualifications, certifications, and evaluations.

COMPLETED _____ DATE _____
(TRAINING OFFICER)

4. Ensure emergency action plans are properly posted in all training environments. This includes all classrooms, training pool decks, indoor facilities and outdoor facilities.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

5. Review and discuss with Safety Officer the following as they pertain to course curricula you will be responsible for:

A. HIGH RISK CURRICULA OBJECTIVES.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

B. TRAINING PROCEDURES

COMPLETED _____ DATE _____
(TRAINING OFFICER)

C. SAFETY PRECAUTIONS.

COMPLETED _____ DATE _____
(TRAINING/SAFETY OFFICER)

D. EMERGENCY PROCEDURES.

COMPLETED _____ DATE _____
(TRAINING/SAFETY OFFICER)

E. TRAINING FACILITIES.

COMPLETED _____ DATE _____
(TRAINING OFFICER)

F. TRAINING EQUIPMENT.

COMPLETED _____ DATE _____
(TRAINING OFFICER)

6. Review records of all previous mishaps and near misses.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

7. Review Emergency Action Plan development procedures.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

TASKING

1. Observe two high-risk training evaluations. Complete command Training Safety Officer Check Sheet.

COMPLETED _____ DATE _____
(HIGH-RISK INSTRUCTOR)

COMPLETED _____ DATE _____
(HIGH-RISK INSTRUCTOR)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

2. Complete OPNAV Safety Report (SR).

COMPLETED _____ DATE _____
(SAFETY OFFICER)

3. Complete high/moderate risk instructor screening. Discuss the physical or psychological factors that might disqualify a candidate from high/moderate risk instructor duty with the following personnel.

A. REVIEW CHAPTER 10 OF JOINT TRANSFER MANUAL.

COMPLETED _____ DATE _____
(DIVISION OFFICER)

B. DEPARTMENT HEAD SCREENING.

COMPLETED _____ DATE _____
(DEPARTMENT HEAD)

C. MEDICAL SCREENING.

COMPLETED _____ DATE _____
(FLIGHT SURGEON)

4. Observe instructor under training.

COMPLETED _____ DATE _____
(HIGH RISK INSTRUCTOR)

5. Review emergency action plans for accuracy. Conduct a quarterly walk through.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

6. Investigate two training mishaps either actual or simulated with the Safety Officer. Debrief with command Safety Officer.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

COMPLETED _____ DATE _____
(SAFETY OFFICER)

NAME: LAST, FIRST, M.I.

RANK/RATE

SSN

7. Investigate two training injuries either actual or simulated with the Safety Officer. Debrief with command training Safety Officer.

COMPLETED _____ DATE _____
(SAFETY OFFICER)

COMPLETED _____ DATE _____
(SAFETY OFFICER)