

## DETENTION FACILITY TRAINING DOCUMENTATION LOG

## Name of Student:

SUBJECT	DATE OF TRAINING	HOURS	STUDENT INITIALS	PLACE OF TRAINING	PRESENTER'S NAME AND TITLE				
Security Procedures									
Supervision of Inmates									
Report Writing &									
Documentation									
Inmate Rules &Regulations Grievance & Disciplinary									
Procedures									
Rights & Responsibilities of Inmates									
Emergency Procedures									
First Aid & CPR									
<b>OK Jail Standards: Chapter</b> <b>670</b> (must be completed by facility before testing)									
	LIST OTHER TRAINING								

I CERTIFY THE STUDENT NAMED ABOVE HAS COMPLETED THE REQUIRED MINIMUM TRAINING FOR **CALENDAR YEAR** 

Training Officer/Sheriff/Chief

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