

## **Protective Health Service**

Jail Inspection Division
Oklahoma State Department of Health
123 Robert S Kerr Ste. 1702 • Oklahoma
City, OK 73102 Telephone (405) 426-8170
Fax (405) 900-7575
jails@health.ok.gov

## **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				1	
Grievance & Disciplinary Procedures					
Rights & Responsibilities of Inmates					
Emergency Procedures					
First Aid & CPR					
	L	IST OT	HER TRA	INING	

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

Training	Officer/Sheriff/Chief	

## **DETENTION FACILITY TRAINING DOCUMENTATION LOG**

LIST OTHER TRAINING								
SUBJECT	DATE OF TRAINING	HOURS	STUDENT	PLACE OF TRAINING	PRESENTER'S NAME AND TITLE			
	<u>i</u>							
	+							