

## 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>LIST OTHER TRAINING</b>					

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

\_\_\_\_\_  
Training Officer/Sheriff/Chief

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[illegible]