

JAILER TRAINING DOCUMENTATION LOG

For approval, complete and fax this form to the Jail Inspection Division at (405) 271-5304 or mail to: Jail Inspection Division, Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117.

Name of Jail: City: Zip:

Telephone: Fax:

Person to Contact Regarding Jailer Training: Name of Student:

SUBJECT	DATE OF TRAINING	NO. HOURS	STUDENT'S INITIALS	PLACE OF TRAINING	PRESENTOR'S NAME AND TITLE
a) Security Procedures					
b) Supervision of Prisoners					
c) Report Writing & Documentation					
d) Prisoner Rules & Regulations					
e) Grievance & Disciplinary Procedures					
f) Rights & Responsibilities of Inmates					
g) Emergency Procedures					
h) First Aid & CPR					
i) OK Jail Standards: Chapter 670 (must be completed by facility before testing)					

DATE & TIME REQUESTED FOR TEST

JAIL INSPECTOR SIGNATURE:

List other subjects here:

I CERTIFY THE STUDENT NAMED ABOVE HAS COMPLETED THE REQUIRED MINIMUM TRAINING FOR 2016.

Training Officer/Sheriff/Chief