

# Lassen County Sheriffs Office

## Trainer's Manual

# COMMUNICATIONS TRAINING OFFICER

## Competency Verification Forms



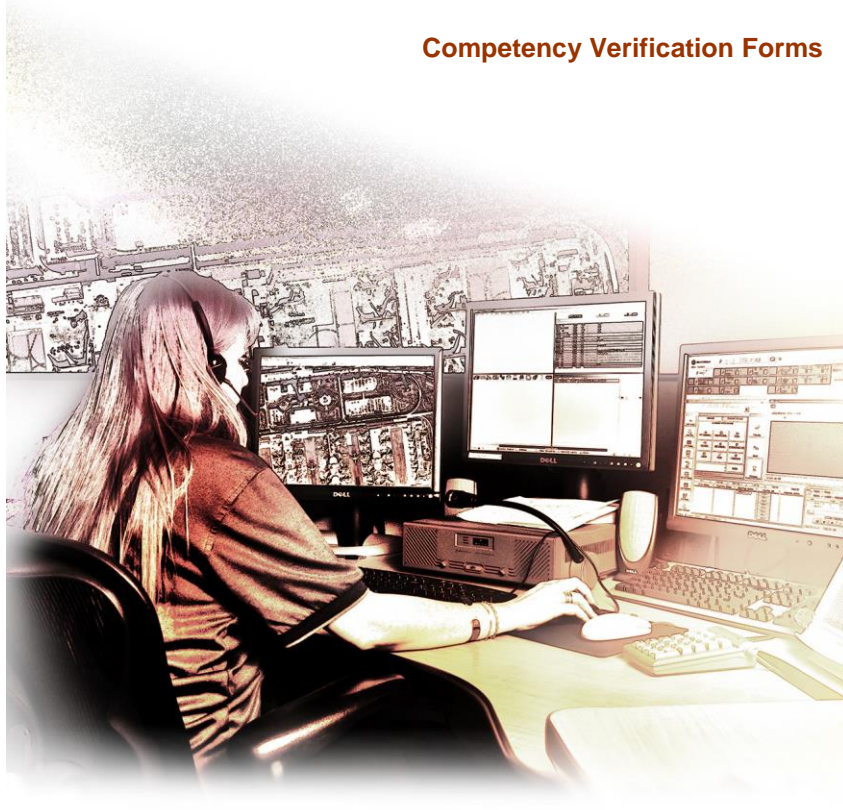


**Lassen County Sheriff Department**

**Trainer's Manual**

# **C**OMMUNICATIONS **T**RAINING **O**FFICER

**Competency Verification Forms**





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**ADMINISTRATIVE ORIENTATION**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Facility Tour							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Employee Orientation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Organization's Chain of Command							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Agency Policies, General Orders							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Training Manual							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. General Rules/ Code of Conduct							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Training Program Overview							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Ergonomics							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Work Hazards/ Evacuation Plans							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**AGENCY FORMS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Time Sheet/ Card							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Leave Forms (Sick Leave, Time Off, Etc.)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## AGENCY FORMS (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
3. Schedules							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Memo/Internal Correspondence							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Miscellaneous Agency Forms							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## ALLIED AGENCIES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Adult Protective Services (APS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Airports							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Alcohol Beverage Control (ABC)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Animal Control							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Bureau of Alcohol, Tobacco and Firearms (ATF)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. California Highway Patrol (CHP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. California State Parole							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Child Welfare Services (CWS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Coroner							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**ALLIED AGENCIES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
10. County Probation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
11. Department of Motor Vehicles (DMV)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
12. District Attorney's Office							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
13. District Attorney's Office							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
14. Federal Bureau of Investigation (FBI)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
15. Fire Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
16. Homeland Security Investigations (formerly Immigration and Customs Enforcement (ICE)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
17. Hospitals							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
18. Housing Authority Police							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
19. Mental Health Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
20. Railroad							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
21. Rape Crisis Center							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:

## ALLIED AGENCIES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
22. Shelters							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
23. School District Police							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## ANIMAL SERVICES

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Animal Control procedure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Calls for Service							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Event Entry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. After-hours Emergency Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Animal Services Resources							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## BROADCASTING BOLO'S AND APB'S

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. BOLO							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Receiving BOLO's from Outside Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**BROADCASTING BOLO'S AND APB'S (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
3. Officer Initiated BOLO's							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Notifying Surrounding Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**COMPUTER AIDED DISPATCH (CAD) SYSTEM**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. CAD System Overview							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Sign On and Off Password							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Screens							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Printer							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Interface with MDC/MDT							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Interface with Records							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Interface with CLETS							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Interface with 9-1-1							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. Mapping							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
10. Keyboard/ Mouse							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## CAD SYSTEM: COMMANDS

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Types of Call Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Status Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Command Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Command Line							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Narrative/ Comments							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Locations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Priority							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Flags							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Incident Entry Mask							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. Canceling an Incident							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Duplicate Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. Call Print Out							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
13. Messages							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
14. Unit							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**CAD SYSTEM: COMMANDS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
15. Event							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
16. Info							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
17. View							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
18. Help							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**CAD SYSTEM: COMMAND LINE ENTRY**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Access							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Format							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Functions							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Interfaces Multiple Command Line Windows							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Date:                      Initials:	

## CAD SYSTEM: FILES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Information and Referral Files							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Intranet							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. On-call (Call-out) Lists							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## CAD SYSTEM: INCIDENT ENTRY

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Locations/ Verification							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Database Searches							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Call Types							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Reporting Party Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Remarks/ Comments							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Agency Override							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Event/Incident Times							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Stacked Events							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**CAD SYSTEM: INCIDENT ENTRY (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
9. Accepting the Event							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
10. Event/Incident Display							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**CAD SYSTEM: INQUIRES**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Incident/Event Search							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Display Incident/Event							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Premise Hazard/Special Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Skill Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Unit Status							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Equipment Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Unit History							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. CAD Reports							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. On Duty/Logged-on Resources							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## CAD SYSTEM: MANUAL MODE (SYSTEM DOWN/CRASH)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Tracking Method							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Calls for Service							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Officer Initiated							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. Date/Time Method							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. Incident/Case Numbers							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. Back-entering Information/ Catch up Mode							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. Map Books/Beat Maps							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. CLETS Access							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Call Takers Responsibility							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. CAD Crash Drawer							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. Card System							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

**CAD SYSTEM: MESSAGES**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Send Message							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Update Message							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Receive Message							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Retrieve Message							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Officer Safety							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**CAD SYSTEM: UNIT LOG ON/LOG OFF**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Log-on Units							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Log-off Units							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Unit Lineups							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Change Unit Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## CALL-OUT PROCEDURES

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Call-out Documentation and Notification							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Call-out of Specialized Teams							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Call-out Lists							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Call-outs for Utility Companies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Call-out for Public Works							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Call-out for a Tow Company							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## CODES AND ABBREVIATIONS

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Radio Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Type Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Phonetic Alphabet							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. State Codes/Abbreviations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Color Codes/Abbreviations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**CODES AND ABBREVIATIONS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
6. Directional Abbreviations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Days of the Week Abbreviations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Additional Abbreviations and Acronyms							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**COMMUNITY RELATIONS**

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Community Oriented Policing (COP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Problem Oriented Policing (POP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Placing Callers on Hold							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Providing Direction							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Controlling Conversations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Difficult Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Tone of Voice							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Empathy/ Patience							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. Denial of Public Safety Services							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## DATABASE SYSTEMS

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Security of Information, Responsibility and Liability							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
2. California Law Enforcement Telecommunications System (CLETS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
3. Criminal Justice Information System (CJIS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
4. California Automated Restraining and Protective Order System (CARPOS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
5. Armed and Prohibited Persons System (APPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
6. Supervised Release File (SRF)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
7. Stolen Vehicle System (SVS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
8. Automated Boat System (ABS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
9. Automated Property System (APS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
10. Automated Firearms System (AFS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
11. Wanted Persons System (WPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
12. Mental Health Firearms Prohibition (MHFP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:
13. Missing Persons System (MPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	
							Date:	Initials:

**DATABASE SYSTEMS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
14. Unidentified Persons System (UPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
15. Violent Crime Information Network (VCIN)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
16. National Crime Information Center (NCIC)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
17. National Law Enforcement Telecommunicati ons System (NLETS)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
18. Department of Motor Vehicles (DMV)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
19. Criminal History Systems							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
20. Oregon Law Enforcement Data System (LEDS)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
21. Immigration Violator File (IVF)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
22. Known or Appropriately Suspected Terrorist (KST) File							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
23. California Law Enforcement Website (CLEW)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
24. Administrative Messages							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:
25. Local Systems							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Date:                      Initials:

## DATABASE SYSTEMS (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
26. Confirmation of Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
27. Database Manuals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## DB SYSTEMS: INQUIRY PERSON FILES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Driver License (DL)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Wanted Persons System (WPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Sex Arson Registration (SAR)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Automated Warrant System (AWS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. California Restraining Order and Protective System (CARPOS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Supervised Release File (SRF)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Missing Persons System (MPS) and Unidentified Persons System (UPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**DB SYSTEMS: INQUIRY  
PERSON FILES (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
8. National Crime Information Center (NCIC)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. NCIC Sub Files							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

**DB SYSTEMS: INQUIRY  
STATE/NATIONAL WANTED PERSONS SYSTEMS**

COMPONENTS	TRAINING MATERIAL REVIEWED							
	Explained		Demonstrated		Performed		Competency Determined by:	
	Date	Initials	Date	Initials	Date	Initials		
1. Wanted Persons System (WPS)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. WPS – Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. WPS – Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. WPS – Extradition							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. WPS – Warrant Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. National Crime Information Center (NCIC)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. NCIC – Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. NCIC – Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. NCIC – Locate							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

**DB SYSTEMS: INQUIRY**  
**STATE/NATIONAL WANTED PERSONS SYSTEMS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
10. NCIC – Extradition							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
11. NCIC – Warrant Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**DB SYSTEMS: INQUIRY**  
**STATE/NATIONAL CRIMINAL HISTORY SYSTEMS**

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Criminal History System (CHS) Definition							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. CHS – Liability							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. CHS – Relaying Criminal History via Radio or MDC							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. NCIC Name							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Automated CHS							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. CHS Response Types							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Juvenile Contacts							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Juvenile Liabilities and Restrictions							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. CJI Name Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**DB SYSTEMS: INQUIRY**  
**STATE/NATIONAL CRIMINAL HISTORY SYSTEMS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
10. CJI Number Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Release of Information via Radio or MDC							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**DB SYSTEMS: INQUIRY**  
**PROPERTY SYSTEMS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Automated Property System (APS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. APS – Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. APS – Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Automated Firearms Systems (AFS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. AFS – Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. AFS – Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. AFS – Historical/ Law Enforcement							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Automated Boat System (ABS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Automated Boat System – Parts							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**DB SYSTEMS: INQUIRY  
DRIVER LICENSE**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. California Driver License (CDL) Inquiry – Number							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. CDL Inquiry – Name							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Out-of State Driver License Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. CDL – Suspension Response							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. CDL – Provisional Licenses							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. CDL – Class of License							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. CDL – Restrictions and Court Probation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. Soundex Similar							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. CDL Photos							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

**DB SYSTEMS: INQUIRY  
VEHICLES**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Vehicle Status Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Vehicle Registration Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

**DB SYSTEMS: INQUIRY**  
**VEHICLES (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
3. Dealer Plate Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Vehicle Identification Number (VIN) Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. License Plate Type Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. New Owner Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Providing Vehicle Information via the Radio							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Routine Returns							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Stolen Vehicles and Officer Safety							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. Out-of-State Stolen Vehicles – SVS and NCIC							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. Automated Warrant System Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
13. Parking Citations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**DB SYSTEMS: ENTRY VEHICLE  
PRIVATE PROPERTY IMPOUND OR VEHICLE REPOSSESSION**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Private Property Impound (PPI)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. PPI - Liability							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. PPI – CAD Call Type							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. PPI – SVS Entry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Repossession – Liability							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Repossession – SVS Entry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Repossession – CAD Call Type System – Parts							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**DB SYSTEMS: ENTRY VEHICLE  
RECOVERED VEHICLES**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Liability Related to Recovered, Located, Cleared Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Recovered Stolen Vehicle in the Reporting Agency's Jurisdiction (CLEAR Procedure)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## DB SYSTEMS: ENTRY VEHICLE RECOVERED VEHICLES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
3. Recovered Stolen Vehicle Outside of the Reporting Agency's Jurisdiction (LOCATE Procedure)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess  Date:                      Initials:
4. Dissemination of Paperwork on Recovered Stolen Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess  Date:                      Initials:
5. Notification to Owners of Recovered Stolen Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess  Date:                      Initials:

## DIFFICULT CALLERS

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Effective Call-taking							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Rude or Angry Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Callers with Mental or Physical Health Issues							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Hysterical Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Limited/non English Speaking Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Child Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Elderly Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play

							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

**DIFFICULT CALLERS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
8. Callers Who May be Under the Influence							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Suicidal Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Speech/Hearing Impaired Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. When Callers May be in Danger							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Callers with Weapons							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. Evasive Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Complaints Against Personnel							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
15. Confidentiality and the Public							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
16. Media							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
17. Confidentiality and the Agency							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
18. Interviewing Suspects							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## EQUIPMENT OR SYSTEM FAILURES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Power Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. CLETS System Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. 9-1-1 Equipment Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. 9-1-1 System Transfer to/from Alternate PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. ANI/ALI Failure or Errors							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Headset Maintenance and Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. CAD Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Equipment Malfunction Reporting Procedures							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. Radio Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## EVACUATION OF COMMUNICATION STAFF

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Evacuation Routes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Notifications							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**EVACUATION OF COMMUNICATION STAFF (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
3. Evacuation Kit							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. 9-1-1 Switch Over to Alternate PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Power Shut-off Switches							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Power Failure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**GEOGRAPHY**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Map Books							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Mapping System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Geographical Boundaries/Beats							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Landmarks							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Directions							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Common Place Names							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## GEO-POLICING

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Geo-Policing							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Beat Structure							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Radio Call Signs							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Patrol Shifts							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Unit Types and Responsibilities							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## INCIDENT TYPES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Abandoned vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Administrative Details							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Agency Assist							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Aircraft Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Alarms							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Alcohol Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. AMBER Alert							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**INCIDENT TYPES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
8. Animal Incidents							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Arson							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Assault							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. Assault with a Deadly Weapon							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Attempt to Locate (BOLO)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. AWOL/Fugitive							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Barricaded Suspect							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
15. Battery							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
16. Boat Accident/Distress							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
17. Bomb							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
18. Brandishing							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
19. Bribery							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
20. Burglary							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
21. Child Abuse							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

## INCIDENT TYPES (cont)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
22. Child Custody							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
23. Child Molestation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
24 . Civil or Criminal							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
24 . Citizen complaint							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
25 .Citizen Contact							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
26. Citizen Detention							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
27. Civil Demonstration							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
28. Civil Rights Violation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
29. Civil Standby							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
30. Computer Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
31. Concealed Weapon							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
32. Conspiracy							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
33. Contributing to the Delinquency of a Minor							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
34. Coroner Case							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**INCIDENT TYPES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
35. Counterfeit Money							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
36. Criminal Threats							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
37. Defrauding an Innkeeper							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
38. Dispute							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
39. Disturbing the Peace							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
40. Domestic Violence							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
41. Driving Under the Influence							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
42. Drowning							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
43. Elder Abuse							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
44. Embezzlement							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
45. Environmental Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
46. Escape							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
47. Evacuations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
48. Explosives							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## INCIDENT TYPES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
49. Extortion							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
50. Extra Patrol							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
51. Fight							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
52. Fire Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
53. Fireworks Violation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
54. Fish and Game Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
55. Forgery							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
56. Found/Lost Property							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
57. Fraud							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
58. Gambling							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
59. Gang Activity							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
60. Harassment							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
61. Hate Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
62. Hazardous Materials							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**INCIDENT TYPES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
63. Hazards							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
64. Hijacking							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
65. Homicide/ Attempted Homicide							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
66. Hostage							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
67. Identity Theft							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
68. Insufficient Funds							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
69. Illegal Alien							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
70. Internet Crimes							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
71. Industrial Accident							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
72. Indecent Exposure							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
73. Impersonating an Officer/Official							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
75. Jail Incidents							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
76. Juvenile Crimes							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
77. Kidnapping							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

## INCIDENT TYPES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
78. Lockout							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
79. Loitering							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
80. Mass Casualty Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
81. Medical Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
82. Meagan's Law Requests							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
83. Mentally Ill							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
84. Military							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
85. Misconduct by Public Official							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
86. Missing Persons/Lost Persons/Found Persons							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
87. Misuse of 9-1-1							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
88. Municipal Code Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
89. Murder/Homicide							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
90. Mutual Aid							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____
91. Narcotics Violation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess	Date: _____    Initials: _____

**INCIDENT TYPES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
92. Natural Disasters							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
93. Non-English Speaking Caller							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
94. Notifications							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
95. Officer Safety							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
96. Overdose							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
97. Panhandling							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
98. Parking Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
99. Personal Location/Tracking Devices							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
100. Poisoning							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
101. Pollution							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
102. Pornography							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
103. Prostitution							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
104. Prowler							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
105. Public Assist							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## INCIDENT TYPES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
106. Public Intoxication							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
107. Public Nuisance Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
108. Pursuit							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
109. Rape							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
110. Recovered Property							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
111. Repossession							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
112. Resisting Arrest							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
113. Riot							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
114. Robbery							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
115. Search and Rescue Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
116. Sexual Crimes/ Sexual Assault							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
117. Shooting into Occupied Dwelling							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
118. Shots Fired							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
119. Shots Heard							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**INCIDENT TYPES (cont)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
120. Stalking							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
121. Stolen Property							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
122. Stolen Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
123. Stranded Motorist							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
124. Suicide							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
125. Supervised Release Violation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
126. Surveillance							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
127. Suspicious Circumstances							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
128. Suspicious Person							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
129. Suspicious Vehicle							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
130. Terrorism							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
131. Theft							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
132. Threats							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## INCIDENT TYPES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
133. Traffic Collision							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
134. Traffic Hazard							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
135. Traffic Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
136. Train Incident							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
137. Transient							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
138. Trespassing							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
139. Unknown Trouble							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
140. Vandalism							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
141. Vehicle Stops							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
142. Vehicle Tampering							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
143. Warrants							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
144. Weapons Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
145. Welfare Check							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

**MUTUAL AID**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Local (Allied Agencies)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. County Office of Emergency Services (OES)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. California Emergency Management Agency (Cal EMA)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**NON-DISPATCH INCIDENTS ALTERNATE CALL ROUTING**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Referrals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Documentation Only Requests							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Abandon Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Mail, Telephone Reports and On-Line Reporting							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**PUBLIC RELATIONS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Confidentiality							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. No Specific ETA							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## PUBLIC RELATIONS (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
3. Advice Versus Referrals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Not a Counselor							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Citizen Request Contact or No Contact from Responding Units							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Providing Excellent Customer Service							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Avoid Making Commitments to Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Directing the Interview							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Special Relationships							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. Ending Conversation Positively							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Emergency Alert System (EAS)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. Emergency Notifications System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
13. Community Oriented Policing (COP) and Problem Oriented Policing (POP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
14. Tone of Voice							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
15. Empathy							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**RADIO: INTRODUCTION TO RADIO SYSTEMS AND EQUIPMENT**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Radio System							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Federal Communications Commission (FCC) Regulations							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Overview of Radio Equipment							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. Instant Recall Recorder (IRR)							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

**RADIO: 800 MHZ EMERGENCIES**

COMPONENTS	TRAINING MATERIAL REVIEWED							
	Explained		Demonstrated		Performed		Competency Determined by:	
	Date	Initials	Date	Initials	Date	Initials		
1. Radio Identifiers							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Emergency Activations							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Emergency Button							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. Emergency Reset							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. Site Trunking Failure							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. Fail-Soft							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. Radio System Failure							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

## RADIO: CONSOLE

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Foot Pedal							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Headset/Handset							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Cell Sites /Repeaters							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Select/Unselect Frequencies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Channels/Talk Groups							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Outside Agency Channels/Talk Groups							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Mutual Aid Channels							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Radio Patch							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## RADIO: DEMEANOR

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Hearing Versus Listening							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Acknowledgement of the Radio Transmission							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Transmitting							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**RADIO: DEMEANOR (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
4. Radio Voice							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Proper and Professional Terminology							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Terminology and Jargon							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Radio Codes and Clear Text							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. ABC's of Dispatching (Accuracy, Brevity, Clarity)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**RADIO: DISPATCHING CALLS FOR SERVICE**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. How to Broadcast a Call for Service							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Event Priorities							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Response Times							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Area Integrity							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Premise Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. Selection of Units							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Mobil Data Computer (MDC)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess



**RADIO: DISPATCHING CALLS FOR SERVICE (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
8. CAD Color Coding							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. Relaying Accurate Information							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
10. Tracker – Unit Locations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
11. CAD Dispatch Commands							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
12. Disposition Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
13. In-Service Versus. Clear							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
14. Request to Cancel							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
15. Issue/ Cancelling a Case Number							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
16. Duplicate Command							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
17. Change Disposition Code							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**RADIO: EMERGENCY DISPATCH PROCEDURES**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Emergency/Alert Button							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Alert Tone							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## RADIO: EMERGENCY DISPATCH PROCEDURES (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
3. Bomb Threats							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Code 3 Policy							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Air Support							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. K-9 Officers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Mutual Aid							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Pursuits							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. "Officer Needs Help" Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
10. Special Weapons and Tactics Team (SWAT)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## RADIO: EQUIPMENT

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Overview of Radio Equipment and System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Instant Recall Recorder (IRR) at the Radio Position							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. FCC Regulations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**RADIO: OFFICER SAFETY**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Documentation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Updating Officer Status							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Awareness of Officer Safety Issues							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Unit Response							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. CAD (Timer) Alerts							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Assigning Back-up Units							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Response Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. High-risk Vehicle Stop							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**RADIO: PURSUIT MANAGEMENT**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Pursuits							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Pursuit Documentation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Radio Control							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## RADIO: PURSUIT MANAGEMENT (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
4. Pursuits Exiting the Jurisdiction							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Pursuits Entering the Jurisdiction							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## RADIO: SPECIALIZED RESPONSES

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Hazmat Team							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Crime Scene Investigators							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Traffic Accident Investigators							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Parking Enforcement Officers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Motorcycle/Traffic Officers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Commercial Enforcement Officers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Community Service Officers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Custody Officer							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Special Events Dispatcher							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**RADIO: SPECIALIZED RESPONSES (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
10. Emergency GPS Tracking System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Telematics Equipped Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. Mobile Command Post (MCP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**RECORDS MANAGEMENT SYSTEM**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Names							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Locations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Vehicles							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Bicycle Registration							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Employees							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Alarm Permits							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Arrests							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Other Modules							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## REFERENCE MATERIAL

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Computer Manuals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Equipment Manuals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. CLETS/NCIC Manuals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Map Books							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Code Book							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Information Books/Files							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Directories							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Internet Resources							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## SECURITY SYSTEMS ALARMS AND EMERGENCY GENERATORS

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Duress Alarms							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Fire Alarm							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**SECURITY SYSTEMS****ALARMS AND EMERGENCY GENERATORS (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
3. Alarm Panels							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Emergency Generators							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**STATION INTERCOMS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Access Intercom							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Door and Gate							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**TELEPHONE: CALL-OUTS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Tow Trucks							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Blood Technician							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Taxi							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Utility Company							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Coroner							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## TELEPHONE: CALL-OUTS (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
6. Coroner							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Mutual Aid							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Other Calls-outs							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

## TELEPHONE: EQUIPMENT

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Handset and Headsets							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Telephone System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Transferring Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. E-9-1-1							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Instant Replay Recorder (IRR)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Intercom							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Master Logging Recorder (MLR)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**TELEPHONE: SKILLS AND TACTICS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Answering Incoming Calls for Service							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Outgoing Telephone Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Address/ Location Confirmation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. Effective Interviews							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. Basic Interview Questions							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. Description Documentation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. Incident Documentation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. Call Classification							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Call Prioritization							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Timely Routing of Information							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. Advising the Caller							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Calls Involving Weapons							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. Transferring Telephone Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Reasonable Alternatives for Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## TELEPHONE: SKILLS AND TACTICS

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
15. Appropriate Termination of Call							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
16. Field Unit Safety Issues							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
17. Multiple Calls for Service							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
18. Translation Services							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
19. Voice Inflection							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## TELEPHONE SYSTEM: 9-1-1 LINES

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
1. Answering 9-1-1 Lines							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. State Requirements							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. 9-1-1 Equipment							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. ANI/ALI							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. Manual Automatic Location Indicator (ALI)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. 9-1-1 System Transfers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. Speed Dials Number							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**TELEPHONE SYSTEM: 9-1-1 LINES (CONT)**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
8. 9-1-1 System Failure and Alarms							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Primary and Secondary PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Alternate PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. 9-1-1 Misroutes							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Wireless 9-1-1 Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. Voice Over Internet Protocol (VoIP)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Incomplete 9-1-1 Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
15. Address/ Telephone Number							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
16. CAD Interface with 9-1-1							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
17. Instant Recall Recorder (IRR)							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
18. Mapping							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:

## TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD) AND TELETYPE WRITER (TTY)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
1. Keyboard							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
2. Recognizing a TTY/TDD Call							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
3. Preset Messages							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Silent Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Language/ Terminology							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Printout/ Archive of TTD/TTY Communication							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Relay Service							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. Hearing Carry Over and Voice Carry Over Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Testing							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. Legal Requirements							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Responsibility and Liability							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

**VEHICLE LOCATOR SYSTEMS**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Overview of the Vehicle Locator System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Type Code							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. LoJack Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. Stolen Vehicle System (SVS) Entry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**VIDEO EQUIPMENT**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Video Navigation System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Display of Camera Views							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Cameras and Monitors							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

**WORKSTATION EQUIPMENT**

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:
	Explained		Demonstrated		Performed		
	Date	Initials	Date	Initials	Date	Initials	
1. Printers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Logging Recorder							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:

## WORKSTATION EQUIPMENT (CONT)

COMPONENTS	TRAINING MATERIAL REVIEWED						Competency Determined by:	
	Explained		Demonstrated		Performed			
	Date	Initials	Date	Initials	Date	Initials		
3. Internet							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Speakers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Telephone							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Radio							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Headsets/ Headset Jacks							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	

