

# BURLINGAME POLICE DEPARTMENT

## Communications Training Manual

# COMMUNICATIONS TRAINING OFFICER

Competency Verification  
Forms

January 2020

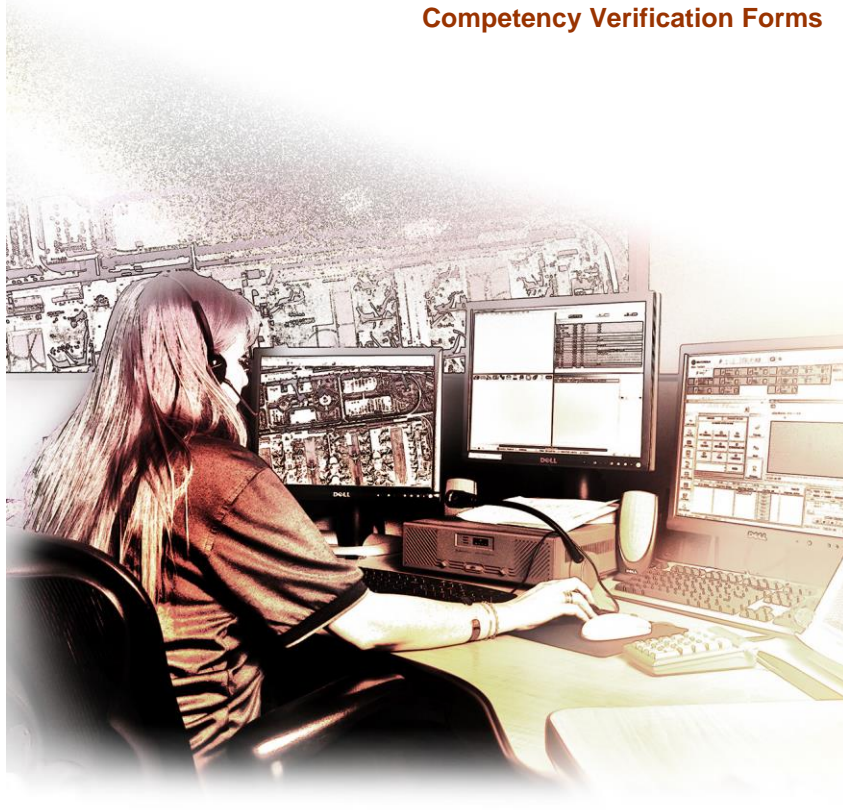




**BURLINGAME POLICE DEPARTMENT**

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

**Competency Verification Forms**







## Table of Contents

Administrative Orientation .....	1
Agency Forms .....	1
Allied Agencies.....	2
Animal Services .....	4
Broadcasting BOLO's and APB's .....	4
Computer Aided Dispatch (CAD) System .....	5
CAD System: Commands .....	6
CAD System: Command Line Entry .....	7
CAD System: Files .....	8
CAD System: Incident Entry.....	8
CAD System: Inquires .....	9
CAD System: MANUAL Mode (System Down/Crash) .....	10
CAD System: Messages .....	11
CAD System: Unit Log On/Log Off.....	11
Call-Out Procedures.....	12
Codes and Abbreviations .....	12
Community Relations .....	13
Database Systems .....	14
DB Systems: Inquiry.....	16
Person Files .....	16
State/National Wanted Persons Systems.....	17
State/National Criminal History Systems.....	18
Property Systems .....	19
Driver License .....	20
Vehicles.....	20
DB Systems: Entry Vehicle .....	22
Private Property Impound or Vehicle Repossession .....	22
Recovered Vehicles .....	22
Difficult Callers .....	23
Equipment or System Failures .....	25
Evacuation of Communication Staff .....	25
Geography .....	26
Geo-Policing.....	27
Incident Types.....	27
Mutual Aid .....	38
Non-Dispatch Incidents Alternate Call Routing .....	38
Public Relations .....	38

Radio: Introduction to Radio Systems and Equipment .....	40
Radio: 800 MHz Emergencies.....	40
RADIO: Console.....	41
RADIO: Demeanor .....	41
RADIO: Dispatching Calls for Service .....	42
RADIO: Emergency Dispatch Procedures.....	43
RADIO: Equipment.....	44
RADIO: Officer Safety .....	45
RADIO: Pursuit Management.....	45
RADIO: Specialized Responses .....	46
Records Management System .....	47
Reference Material.....	48
Security Systems .....	48
Alarms and Emergency Generators .....	48
Station Intercoms .....	49
Telephone: Call-Outs .....	49
Telephone: Equipment .....	50
Telephone: Skills and Tactics.....	51
Telephone System: 9-1-1 Lines.....	52
Telecommunications Device for the Deaf (TDD) and Teletype Writer (TTY) .....	54
Vehicle Locator Systems.....	55
Video Equipment.....	55
Workstation Equipment.....	55

**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"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Department of Motor Vehicles (DMV)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. District Attorney's Office							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
13. District Attorney's Office							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
14. Federal Bureau of Investigation (FBI)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
15. Fire Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
16. Homeland Security Investigations (formerly Immigration and Customs Enforcement (ICE)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
17. Hospitals							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
18. Housing Authority Police							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
19. Mental Health Agencies							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
20. Railroad							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
21. Rape Crisis Center							<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	
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						Competency Determined by:
	Explained		Demonstrated		Performed		
	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						Competency Determined by:
	Explained		Demonstrated		Performed		
	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 Assess 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"/> 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. Officer Initiated							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
4. Date/Time Method							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
5. Incident/Case Numbers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
6. Back-entering Information/ Catch up Mode							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
7. Map Books/Beat Maps							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
8. CLETS Access							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Call Takers Responsibility							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. CAD Crash Drawer							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. Card System							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <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						Competency Determined by:	
	Explained		Demonstrated		Performed			
	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						Competency Determined by:	
	Explained		Demonstrated		Performed			
	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						Competency Determined by:
	Explained		Demonstrated		Performed		
	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						Competency Determined by:
	Explained		Demonstrated		Performed		
	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 Telecommunications 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						Competency Determined by:	
	Explained		Demonstrated		Performed			
	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						Competency Determined by:	
	Explained		Demonstrated		Performed			
	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"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. CDL Inquiry – Name							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
3. Out-of State Driver License Inquiry							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
4. CDL – Suspension Response							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
5. CDL – Provisional Licenses							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
6. CDL – Class of License							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
7. CDL – Restrictions and Court Probation							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
8. Soundex Similar							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. CDL Photos							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <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"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
2. Vehicle Registration 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  
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"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
9. Suicidal Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
10. Speech/Hearing Impaired Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
11. When Callers May be in Danger							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
12. Callers with Weapons							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
13. Evasive Callers							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
14. Complaints Against Personnel							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
15. Confidentiality and the Public							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
16. Media							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
17. Confidentiality and the Agency							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
18. Interviewing Suspects							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <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"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
23. Child Molestation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
24 . Civil or Criminal							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
24 . Citizen complaint							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
25 .Citizen Contact							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
26. Citizen Detention							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
27. Civil Demonstration							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
28. Civil Rights Violation							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
29. Civil Standby							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
30. Computer Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
31. Concealed Weapon							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
32. Conspiracy							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
33. Contributing to the Delinquency of a Minor							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
34. Coroner Case							<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		
35. Counterfeit Money							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
36. Criminal Threats							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
37. Defrauding an Innkeeper							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
38. Dispute							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
39. Disturbing the Peace							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
40. Domestic Violence							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
41. Driving Under the Influence							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
42. Drowning							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
43. Elder Abuse							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
44. Embezzlement							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
45. Environmental Crimes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
46. Escape							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
47. Evacuations							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:	
48. Explosives							<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		
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						
	Explained		Demonstrated		Performed		Competency Determined by:
	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"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
79. Loitering							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
80. Mass Casualty Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
81. Medical Incidents							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
82. Meagan's Law Requests							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
83. Mentally Ill							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
84. Military							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
85. Misconduct by Public Official							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
86. Missing Persons/Lost Persons/Found Persons							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
87. Misuse of 9-1-1							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
88. Municipal Code Violations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
89. Murder/Homicide							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
90. Mutual Aid							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
91. Narcotics Violation							<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		
92. Natural Disasters							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
93. Non-English Speaking Caller							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
94. Notifications							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
95. Officer Safety							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
96. Overdose							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
97. Panhandling							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
98. Parking Violations							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
99. Personal Location/Tracking Devices							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
100. Poisoning							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
101. Pollution							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
102. Pornography							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
103. Prostitution							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
104. Prowler							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
105. Public Assist							<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		
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"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
121. Stolen Property							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
122. Stolen Vehicles							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
123. Stranded Motorist							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
124. Suicide							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
125. Supervised Release Violation							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
126. Surveillance							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
127. Suspicious Circumstances							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
128. Suspicious Person							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
129. Suspicious Vehicle							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
130. Terrorism							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
131. Theft							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
132. Threats							<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		
133. Traffic Collision							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
134. Traffic Hazard							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
135. Traffic Violations							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
136. Train Incident							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
137. Transient							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
138. Trespassing							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
139. Unknown Trouble							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
140. Vandalism							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
141. Vehicle Stops							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
142. Vehicle Tampering							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
143. Warrants							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
144. Weapons Violations							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
145. Welfare Check							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:

## MUTUAL AID

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

## RADIO: INTRODUCTION TO RADIO SYSTEMS AND EQUIPMENT

COMPONENTS	TRAINING MATERIAL REVIEWED						
	Explained		Demonstrated		Performed		Competency Determined by:
	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"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
2. Headset/Handset							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
3. Cell Sites /Repeaters							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
4. Select/Unselect Frequencies							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
5. Channels/Talk Groups							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
6. Outside Agency Channels/Talk Groups							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
7. Mutual Aid Channels							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
8. Radio Patch							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess 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"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
2. Acknowledgement of the Radio Transmission							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess Initials:
3. Transmitting							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam Date:	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess 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) Policy							<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 (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"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Relaying Accurate Information							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Tracker – Unit Locations							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. CAD Dispatch Commands							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Disposition Codes							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. In-Service Versus. Clear							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Request to Cancel							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
15. Issue/ Cancelling a Case Number							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
16. Duplicate Command							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
17. Change Disposition Code							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <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"/> Written Exam	<input type="checkbox"/> Role Play <input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Alert Tone							<input type="checkbox"/> Observation <input type="checkbox"/> Written Exam	<input type="checkbox"/> Role Play <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						
	Explained		Demonstrated		Performed		Competency Determined by:
	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						
	Explained		Demonstrated		Performed		Competency Determined by:
	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						
	Explained		Demonstrated		Performed		Competency Determined by:
	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						
	Explained		Demonstrated		Performed		Competency Determined by:
	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"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
2. Outgoing Telephone Calls							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
3. Address/ Location Confirmation							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
4. Effective Interviews							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
5. Basic Interview Questions							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
6. Description Documentation							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
7. Incident Documentation							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
8. Call Classification							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
9. Call Prioritization							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
10. Timely Routing of Information							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
11. Advising the Caller							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
12. Calls Involving Weapons							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
13. Transferring Telephone Calls							<input type="checkbox"/> Observation	<input type="checkbox"/> Role Play
							<input type="checkbox"/> Written Exam	<input type="checkbox"/> Verbal Assess
							Date:	Initials:
14. Reasonable Alternatives for Callers							<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		
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						Competency Determined by:	
	Explained		Demonstrated		Performed			
	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						
	Explained		Demonstrated		Performed		Competency Determined by:
	Date	Initials	Date	Initials	Date	Initials	
8. 9-1-1 System Failure and Alarms							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
9. Primary and Secondary PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
10. Alternate PSAP							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
11. 9-1-1 Misroutes							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
12. Wireless 9-1-1 Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
13. Voice Over Internet Protocol (VoIP)							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
14. Incomplete 9-1-1 Calls							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
15. Address/ Telephone Number							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <input type="checkbox"/> Verbal Assess Date:                      Initials:
16. CAD 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:
17. 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:
18. Mapping							<input type="checkbox"/> Observation <input type="checkbox"/> Role Play <input type="checkbox"/> Written Exam <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:	

