

OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

Police Maintenance Log

F-15 Maintenance-Police

(Due December 31st of every 3rd year)

Maintenance Training Period Ending (year):	Name (Last, First, M.I.)	Date of Birth	DPSST Number
Agency			1 st Aid/CPR Expiration:

Firearms/Use of Force - 8 hours annually, reported every three years (24 hours total)

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

Leadership - 24 hours every three years - Required ONLY for those with Supervision, Management, or Executive Certification

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

Other Training (may be additional training in the categories above) to meet the 84-hour total training requirement for the three-year cycle

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

(Use reverse side if needed to report additional training)

⇒⇒⇒ Signature is required on this form - See Reverse Side

DPSST Use Only:

Maintenance Year: _____	Comments: _____
Entered by _____ Date: _____	_____

Additional Training Completed to Meet 84-hour Total:

Firearms/Use of Force

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

Leadership

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

Other Training

Date(s)	Course Subject/Title	Course Number	Instructor	Hours

NOTE: Training reported on this form is ONLY required if an officer’s DPSST record does not show completion of maintenance training requirements, including current First Aid/CPR certification, at the end of the officer’s three-year maintenance training cycle. This form will only be used to verify completion of maintenance training requirements. Training MUST be reported on an F-6 Course Roster to be included in an officer’s on-line record.

I certify that the information entered on this form has been verified and is substantiated by records maintained by this department. I understand that falsification of this document is subject to penalty under ORS 162.055, et al, and ORS 162.305, and may be grounds for revocation of my DPSST certification under ORS 181.662.

Agency Head/Authorized Representative

Date

Form Created May 10, 2006

DPSST Use Only:

Maintenance Year: _____	Comments: _____
Entered by _____	Date: _____