Illinois Law Enforcement Training and Standards Board

JB Pritzker, Governor
Brent Fischer, Executive Director

Phone: 217/782-4540
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Drug Detection Canine Initial Training
Canine Team Daily Training Summary

INSTRUCTIONS: This packet is provided to document initial training for Canine teams. It should be used to summarize the daily training. It is important to note that this summary packet is not intended to act as the replacement for existing records management systems. The packet is intended to assist the ILETSB in the collection and analysis of training information, and to evaluate minimum training criteria. The logs will be reviewed by canine experts to ensure the minimum training requirements are satisfied before moving to the next phase of the process.

For further instructions regarding the submission and processing of this document, please refer to the Checklist for Initial Canine Certification on the ILETSB website.

Please fill out electronically

Handler Name: _____ Rank:_____

PTB ID: _____ Employing Agency: _____

Canine Name: _____

Name of Training Facility: _____

Address: _____ City: _____ State:_____

Name of Trainer(s): _____

Dates of Canine Academy: _____ through _____

Daily Training Report

Date: _____ **Total Hours Trained Today: _____**

Please check all of the boxes that apply to your daily training.

- ☐ The Role and Use of the Detection Canine
- ☐ Sniffs/Searches of Automobiles
- ☐ Sniffs/Searches of Interior Buildings
- ☐ Sniffs/Searches of Open Areas
- ☐ Sniffs/Searches of Lockers, Parcels, Suitcases, etc.
- ☐ Policy, Procedures, and Legal Issue Overview
- ☐ Report Writing
- ☐ Record Keeping
- ☐ Imprinting/Maintenance Training of Drug Odor (check all that apply below)
  - ☐ Blind/Double-Blind Assessments Used
  - ☐ Proofing/Distractionary Odors
  - ☐ Cannabis
  - ☐ Cocaine
  - ☐ Heroin
  - ☐ Methamphetamine
  - ☐ Other (List all that apply): _____

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To be completed by Trainer at the end of the course

Date: _____

Trainer Name: _____

Name of Training Facility: _____

Handler Name: _____

Canine Name: _____

Dates of Canine Academy: _____ through _____

I, _____, have reviewed the daily training summaries prepared by (name of Canine Handler) and confirmed that the records submitted are true and accurate. ☐

Additional Comments (optional):