Illinois Law Enforcement Training and Standards Board



JB Pritzker, Governor Keith Calloway, Executive Director Phone: 217/782-4540 Fax: 217/524-5350 TDD: 866-740-3933

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 <u>Checklist for Initial Canine Certification</u> 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		



Date: _____

Total Hours Trained Today: _____

- **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.
- D 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):