



Public Safety Meeting

AGENDA

May 5, 2009

I. CALL TO ORDER

II. MATTERS BEFORE COMMITTEE

1. [Discussion / Approval - Out of State Training for K-9 Certification](#)

III. ADJOURN



Public Safety Meeting

AGENDA

May 5, 2009

Item:

Discussion / Approval - Out of State Training for K-9 Certification

Department:

Additional Information:

Financial Impact:

Budgeted Item:

Recommendation / Request:

Viewing Attachments Requires Adobe Acrobat. [Click here](#) to download.

Attachments / click to download

 [FIT Team Training Request](#)



Monroe Police Department Training Request form

(Request form for all state and out of state academy's)

Officer name: Chae Chandler Date: 4-6-09

Supervisors name: Capt. Treadwell Shift: _____

Supervisor Requested School	Officer Requested School	<input checked="" type="checkbox"/>
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1. Name of Course Requesting: OPOTA K-9 certification

Course Number: _____ Date of Course: 06-15-09 - 06-19-09
(Include MM / DD / YY and length of course)

Location of Course: Sandusky, Ohio

2. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

3. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

4. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

Supervisor: (Approved or Not Approved): _____
(Circle one) (SIGNATURE) (DATE)

Training Officer Approval: (Approved or Not Approved): Capt. [Signature] 04/06/09
(Circle one) (SIGNATURE) (DATE)

Major Approval: (Approved or Not Approved): Capt. W.S. [Signature] #507 4-6-09
(Circle one) (SIGNATURE) (DATE)

Chief Approval: (Approved or Not Approved): [Signature] 7/2/09
(Circle one) (SIGNATURE) (DATE)

Supervisors, if you have signed off on this form, it is acknowledgement on your part that your shift will be covered during that time period. No overtime will be allotted to cover your shifts.

After form has been signed and approved by all above named it is then forwarded to the Departmental Training Officer
Only then will the officer be considered for the open course.

Pet Boarding
Obedience Training
Tracking/Agility
Narcotics Detection
Shutzhund Police K-9's
K-9 Importing

M & M

Canine Boarding Kennel

5705 Campbell St.
Sandusky, Ohio 44870
419.626.9437
k9anty@aol.com



Robert W. McDowell Jr.
Owner/Master Trainer
State Certification Evaluator
General Duty & Narcotics
Mike Beck, Associate
Trainer/Handler

April 1, 2009
Monroe Police Department
116 Broad Street
Monroe, Georgia 30655

Attn: Chief Glass

This year the Sandusky Police Department is hosting a training seminar for both patrol and narcotic detection K-9's and their handlers. The training will begin on Monday June 15th thru Thurs June 18th 2009. Certification for patrol and narcotics will be held on Friday June 19th in Sandusky, Ohio. The training and certification fees will be waived for your K-9' teams attending as was done last year when they were here in Ohio. The officer's will be staying at my home as in the past to cut down on your departments expenses for motel rooms etc.

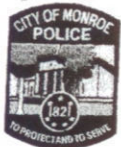
During the week the officer's and their K-9's will be instructed in advanced training for patrol techniques to include, off lead obedience, building searches, tracking both vegetation and hard service, criminal apprehension, area searches and felony car stops. Narcotic Detection for aggressive or passive response K-9's to include vehicles, private residences and warehouses.

We are looking forward to another very productive training week for all officer's and their K-9 partner's, and it is my hope that your K-9 teams can be in attendance. If you have any questions, please do not hesitate to contact me. Phone daytime work 419-668-8215, Cell Phone 419-677-1075, Home Phone 419-625-3385

Respectfully,

Robert W. McDowell Jr.
Prosecutor's Investigator
K-9 Trainer/Handler

Copy Sgt. Chandler
file



Monroe Police Department Training Request form

(Request form for all state and out of state academy's)

Officer name: JOHN J. DROSSMAN #336 Date: 4-6-2009

Supervisors name: SGT. C. CHAMBERLAIN Shift: _____

Supervisor Requested School ☐ Officer Requested School ☒

1. Name of Course Requesting: OPOTA K-9 CERTIFICATION

Course Number: _____ Date of Course: 06/15/09 Through 06/19/2009
(Include MM / DD / YY and length of course)

Location of Course: SANDUSKY, OHIO

2. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

3. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

4. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

Supervisor: (Approved or Not Approved): _____ (Circle one) [Signature] (SIGNATURE) 4-6-09 (DATE)

Training Officer Approval: (Approved or Not Approved): [Signature] (Circle one) (SIGNATURE) 04/07/09 (DATE)

Major Approval: (Approved or Not Approved): CAPT [Signature] #307 (Circle one) (SIGNATURE) 4-6-09 (DATE)

Chief Approval: (Approved or Not Approved): [Signature] (Circle one) (SIGNATURE) [Signature] (DATE)

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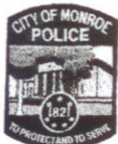
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Respectfully,

Robert W. McDowell Jr.
Prosecutor's Investigator
K-9 Trainer/Handler

Copy Sgt. Chandler
file



Monroe Police Department Training Request form

(Request form for all state and out of state academy's)

Officer name: TRACY M HANSON #330 Date: 04/06/2009
Supervisors name: SGT. CHANDLER Shift: N/A - FIT

Supervisor Requested School	Officer Requested School	<input checked="" type="checkbox"/>
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1. Name of Course Requesting: OPOTA K-9 Certification

Course Number: _____ Date of Course: 06/15/09 THROUGH 06/19/2009
(Include MM / DD / YY and length of course)

Location of Course: Sandusky, Ohio

2. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

3. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

4. Name of Course Requesting: _____

Course Number: _____ Date of Course: _____
(Include MM / DD / YY and length of course)

Location of Course: _____

Supervisor: (Approved or Not Approved): [Signature] 04-06-09
(Circle one) (SIGNATURE) (DATE)

Training Officer Approval: (Approved or Not Approved): [Signature] 04/06/09
(Circle one) (SIGNATURE) (DATE)

Major Approval: (Approved or Not Approved): CAPT W.S. [Signature] #302 4-6-09
(Circle one) (SIGNATURE) (DATE)

Chief Approval: (Approved or Not Approved): [Signature] [Signature]
(Circle one) (SIGNATURE) (DATE)

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Put on Item # 1
[Signature]

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K-9 Importing

M & M

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