

This training survey went out to all Onondaga County public safety agencies. We will utilize the data compiled from the responses to develop a Training Action Plan in preparation for future training on the new system.

Please fax completed forms Chuck Combs at 315.435.8620 or via e-mail to chuckcombs@ongov.net. The deadline is June-16, 2008.

TRAINING SCHEDULE Matrix - June 2008

AGENCY NAME:

[Redacted]

Type: (Highlight 2)

City	County	Town	Village	Police	Fire	EMS	LOC
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Training Contact (Primary):

Name:	[Redacted]		
Telephone Number #1:	315		ext.
Telephone Number #2:	315		ext.
Fax #:	315		
E- Mail:	[Redacted]		
Other:	[Redacted]		

Training Contact (Secondary):

Name:	[Redacted]		
Telephone Number #1:	315		ext.
Telephone Number #2:	315		ext.
Fax #:	315		
E- Mail:	[Redacted]		
Other:	[Redacted]		

EMPLOYEE DATA:

Total Receiving Training:	#	[Redacted]
Full-Time / Paid	#	[Redacted]
Part-Time / Paid	#	[Redacted]
Volunteer	#	[Redacted]

Training Format:

On-duty In-Services	Y or N	[Redacted]	# of Hours	[Redacted]
Off-duty In-Services	Y or N	[Redacted]	# of Hours	[Redacted]
Self Study	Y or N	[Redacted]	# of Hours	[Redacted]

Training Sessions:

Days	Y or N	[Redacted]
Evenings	Y or N	[Redacted]
Other		[Redacted]

Training Resources (Primary):

Training Manuals/Handouts	Y or N	[Redacted]
MS Powerpoint	Y or N	[Redacted]
Other		[Redacted]

* DATA obtained from this initial RFI Form will be tabulated and re-developed into a Training Action plan for final review by the Team Leads.
 ** Any special considerations or questions regarding Training Sessions please forward by e-mail to chuckcombs@ongov.net