



CHECKLIST - REGIONAL TRAINING FACILITY

State Form 55471 (2-14)

INDIANA LAW ENFORCEMENT ACADEMY

DO NOT FAX.

PLEASE TYPE OR PRINT CLEARLY.

DO NOT FAX.

Name of department	Federal tax identification number
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Address (number and street)

City	Region	County	State	ZIP code
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Area Code	Telephone number	Fax number	Contact Person	Date inspected (mm/dd/yy)
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TRAINING FACILITIES CHECKLIST:	Maximum number of students for which this facility is being inspected:	Number of students

- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate seating and work area for writing and note taking. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate lighting for each student's area. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Heating and air conditioning adequate to provide comfortable study environment. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Classroom(s) provides an atmosphere free from work noise, foot traffic, phone calls and other outside distractions. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Restroom facilities for male and female students readily available. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | All classrooms and indoor training areas are posted as non-smoking. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Sufficient ventilation to provide proper air circulation. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate parking to support student and instructor needs. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Chalkboard or paper easel is present or available. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Computer, projector available for the instructor to use. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Firearms range capable of safely firing the ILEA qualification course. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate E.V.O.C. facility. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate gym or physical training facility. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Adequate books and training materials for each student. |

ALL SITES WILL BE RESPONSIBLE FOR COMPLYING WITH STATE AND LOCAL FIRE REGULATIONS AND OSHA REGULATIONS.

Inspector comments

Signature of chief executive officer of inspected site	Signature of site inspector	Date (mm/dd/yy)
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