



“Law Enforcement Training Law Enforcement”

Tactical Entry to Meth Labs

Course Title:

Tactical Entry To Meth Labs

Dates:

November 26 - 29, 2012

Location:

SCSO Training Center
10319 E. Appleway
Spokane Valley, WA
99206

Times:

8:00 AM - 5:00 PM
8:00 AM – Noon on
Thursday

Hours:

28

**TRAINING EDGE,
LLC**

5586 Columbine NE
Comstock Park, MI
49321

Visit our website at
www.training-edge.us

Phone: 616-633-6520
Fax: 866-536-4134

E-mail:

registration@training-edge.us

Course Description:

This four (4) day course has been designed to prepare officers to safely make an entry into a suspected clan lab site. The class combines classroom with practical exercises to prepare officers to safely deal with suspects and the chemical hazards. Air Purifying Respirators (APR), SCBA's, along with simunition guns provide officers the experience and confidence to utilize this equipment in the field.

**Topics Covered:**

- Intro to Clandestine Labs
- Clandestine Production Methods and Chemical Hazards
- Officer Injuries from Clan Labs
- Personal Clothing and Respiratory Protective Equipment
- Physical Hazards
- Decon
- Raid Planning
- Fatal Force issues
- Practical exercises making entries into mock labs with suspects utilizing safety equipment

Who Can Attend:

Individuals that need to execute entries into suspected clan lab site. These include tactical teams, narcotics officers or anyone else who may be part of a raid team into a suspected clan lab.

Fees:

\$550 per student

Registration: To Register, use the attached form.

Deadline: The registration forms must be received **November 9, 2012.**



5586 Columbine NE
 Comstock Park, MI 49321
 PHONE: (616) 633-6520
 FAX: (866) 536-4134

APPLICANT INFORMATION			Box 1	
Applicant's Name: (Last)		(First)	(Middle)	Title/Rank:
Applicant E-Mail Address:				<input type="checkbox"/> Male <input type="checkbox"/> Female
Agency:		Agency Phone:		Agency Fax:
Applicant Mailing Address: (Street or PO Box)		(City)	(State)	(Zip)

COURSE INFORMATION		Box 2
Course Title: Tactical Entry To Meth Labs		Course Dates: November 26 – 29, 2012
Location of Course: SCSO Training Center, 10319 E. Appleway Spokane Valley, WA 99206		Course Times: 8:00am – 5:00pm 8:00am – Noon Thurs
Tuition: \$550.00. Tuition covers instruction, books, and equipment to use. APR's, SCBA's, and simunition handguns are provided for use. Students can use their own equipment if they have it.		

SPECIAL REQUIREMENTS		Box 3
<p>Medical Requirements All students must have medical clearance prior to attending this class. The Medical Clearance Forms can be downloaded: go to www.training-edge.us, click on courses, find the class and download the medical form. <u>Medical forms must be brought to the class on the start date</u> completed and signed by the agency's approved medical professional. Students who fail to have a completed and signed medical clearance form at the start of the class will not be allow to attend the training.</p> <p>Equipment Required Students need to bring normal raid gear, including vest, helmet, and flashlight. Students are encouraged to bring their own or agency provided self-contained breathing apparatus (SCBA) including any adapter if the mask can also be used as an APR; and Air Purifying Respirator (APR) including cartridges, and simunition gun. This equipment will be provided for those who do not have it.</p> <p>OSHA Requirements Due to OSHA mandates, <u>students must be clean-shaven in order to be fit tested.</u></p>		

AUTHORIZATION			Box 4	
By the signature below:				
<ul style="list-style-type: none"> I verify that the student listed above is authorized to attend the indicated training and has met or will have met all Special Requirements for this course by the start date. All applicants for this course must supply proof of medical clearance by the first day of class. Failure to do so will require that the applicant be dismissed from the training program and the agency will be billed for attendance. I authorize Training Edge, LLC to invoice the agency listed for the tuition. 				
Agency Head (or Designee): (Last)		(First)	(Middle)	Title/Rank:
Agency:		Agency Phone:		Agency Fax:
Agency Billing Address: (Street or PO Box)		(City)	(State)	(Zip)