Sonoma County Sheriff's Office

(Send this form to Sheriff's Training Unit when completed)

SB 719 Pursuit Policy Training Attestation – 2022

INTERNAL AGENCY USE ONLY – DO NOT SEND TO POST

Officer Identification

Last	First	Middle
Dietrick	Michael	Scott

ID #	Assignment
1102581	Patrol

Station	Telephone	Fax
Main Office	[redacted]	N/A

Email	Other
michael.dietrick@sonoma-county.org	

Training Specifications

Training Date	Location
01/14/22	Online

Instructor	Instructor ID#
Online	Online

Course Name	Course #	Hours
Pursuit Policy	Online	1

Other/Notes

Attestation

Pursuant to Vehicle Code 17004.7(b)(2), I have received, read, and understand my agency's pursuit policy.

Signature

Print Name	Date
MICHAEL DIETRICK	1-14-22

Sonoma County Sheriff's Office

(Send this form to Sheriff's Training Unit when completed)

SB 719 Pursuit Policy Training Attestation – 2018

Officer Identification

Last	First	Middle
DIETRICK	MICHAEL	SCOTT

ID #	Assignment
23349 / 1102581	PATROL DEPUTY

Station	Telephone	Fax
MAIN OFFICE / DAYS	707-565-2121	

Email	Other
MDIETRIC@SONOMA-COUNTY.ORG	

Training Specifications

Training Date	Location
5-11-18	2796 VENTURA AVE, SANTA ROSA

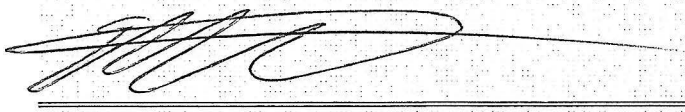
Course Name
Pursuit Driving Update

Other/Notes
Department Policy Review

Attestation

Pursuant to Vehicle Code 17004.7(b)(2), I have received, read, and understand my agency's pursuit policy.

Signature



Print Name	Date
MICHAEL DIETRICK	5-11-18

Sonoma County Sheriff's Office

(Send this form to Sheriff's Training Unit when completed)

SB 719 Pursuit Policy Training Attestation – 2018

INTERNAL AGENCY USE ONLY – DO NOT SEND TO POST

Officer Identification

Last	First	Middle
DIETRICK	MICHAEL	

ID #	Assignment	
2581	PATROL	
Station	**Telephone**	**Fax**
Email	**Other**	

Training Specifications

Training Date	Location	
Jan. 01 - Dec. 31 2018	EVOC	
Instructor	**Instructor ID#**	
Sgt. Dave Berges	1101032	
Course Name	**Course #**	**Hours**
POST Pursuit Driving Update	5380-21155	8

Other/Notes

Included Department Policy Review

Attestation

Pursuant to Vehicle Code 17004.7(b)(2), I have received, read, and understand my agency's pursuit policy.

Signature	
Print Name	**Date**
MICHAEL DIETRICK	4-20-18

Sonoma County Sheriff's Office

(Send this form to Sheriff's Training Unit when completed)

SB 719 Pursuit Policy Training Attestation – 2017

Officer Identification

Last	First	Middle
DIETRICH	MICHAEL	SCOTT

ID #	Assignment
23349	DEPUTY SHERIFF II

Station	Telephone	Fax
MAIN		

Email	Other
MICHAEL.DIETRICH@SONOMA-COUNTY.ORG	

Training Specifications

Training Date	Location
7-28-17	EVOC COURSE

Course Name		
Pursuit Driving Update		

Other/Notes

Department Policy Review

Attestation

Pursuant to Vehicle Code 17004.7(b)(2), I have received, read, and understand my agency's pursuit policy.

Signature

Print Name	Date
MICHAEL DIETRICH	7-28-17

SONOMA COUNTY SHERIFF'S DEPARTMENT
2796 Ventura Avenue
Santa Rosa California 95403 (707) 565-2650
Emergency Vehicle Operations Course

Steve Freitas
Sheriff/Coroner

NEW HIRE EVOC PERFORMANCE EVALUATION
20-HOUR CLASS

Deputy: MICHAEL DIETRICK ID#: 23349 Date: 7-28-17

Instructor(s): SCHMIDT MAIKRANZ
PICCININI MORITZ
MCNEIL

SLOW SPEED COURSE

COURSE ACTIVITY	PASS/FAIL	INSTRUCTOR #	NOTES
1) Y Driveway	P / F	1391	
2) Backing Chicane	P / F		
3) Parallel Parking Right	P / F		
4) Parallel Parking Left	P / F		
5) Off-set Lane Backing	P / F		
6) Off-set Lane Forward	P / F		
7) Serpentine Forward & Reverse	P / F		

ACCIDENT AVOIDANCE

1) Chicane	P / F		
2) High Speed Turn	P / F		
3) Accident Avoidance Lights	P / F		
(a) 10 Attempts at 35 mph	P / F	1 2 3 4 5 6 7 8 9 10	
(b) 10 Attempts at 45 mph	P / F	1 2 3 4 5 6 7 8 9 10	

Must complete 8 out of 10 attempts

PURSUIT INTERVENTION TECHNIQUE

1) Perform PIT on Left	P / F		
2) Perform PIT on Right	P / F		

SONOMA COUNTY SHERIFF'S OFFICE

MARK ESSICK
Sheriff-Coroner

JAMES NAUGLE
Assistant Sheriff
Law Enforcement Division

EDDIE ENGRAM
Assistant Sheriff
Detention Division

HEIDI KEITH
Chief of Financial and Administrative Services

Law Enforcement Division – Record of Fit Test

Model of Respirator:

___ 3M 1860 N-95: Regular or Small (circle one)
X BYD Care TC-84A-9221 DE2322 Disposable N95 Respirator
___ Other Model_____

Type of Fit Test: (Bitrex) Saccharin (circle one)

STEP #1: SENSITIVITY TEST (Nothing to eat, drink, or chew for 15 minutes prior to resting. To include chewing/smoking tobacco.)

10 # of squeezes required for sensitivity test (10, 20, or 30)

STEP #2: FIT TEST (Per Protocol) Check off each section to document subject cannot taste the fit testing solution.

X Normal breathing over 1 minute
X Turning head side to side 1 minute
X Talking or reading out loud over 1 minute
X Deep breathing over 1 minute
X Nodding head up and down over 1 minute
X Bending over/jogging in place over 1 minute
X End with normal breathing over 1 minute

N-95 Fit Test Results: X **Pass** ___ **Fail**

Employee Name MICHAEL. DIETRICH

Employee Signature _____ Date 4-19-22

Trainer Signature _____ Date 4/19/22

Administration
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

Sonoma County Sheriff's Office
Law Enforcement Division
Prison Rape Elimination Act

Training Attestation Form

Date of Training: 3-4-22

The Sonoma County Sheriff's Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards.

Whether you were caught or not, have you ever:

1. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. YES☐ NO☒
2. Convicted of engaging or attempting to engage in sexual activity in the community facilitate by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. YES☐ NO☒
3. Been civilly or administratively adjudicated to have engaged or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or if the victim did not consent or was unable to consent or refuse. YES☐ NO☒

By signing this form, I acknowledge I have received training on the Prison Rape Elimination Act. I understand the material covered and have discussed any questions/concerns with the presenter(s).

PRINT NAME	JOB CLASS
MICHAEL DIETRICK	DEPUTY II

Signature

3-4-22

Date

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

QUALITATIVE FIT TEST REPORT

EMPLOYEE NAME MICHAEL DIETRICK
ASSIGNMENT PATROL
TESTED BY SMITH
DATE 9-30-21

BREATHING APPARATUS

Self Contained	Supplied Air	Combination Cartridge
Powered Air	(Chemical Cartridge)	(PH/CN/CS/P100)
Dust/Mist/Fume Filter	Hepa Filter	Other:_____

EQUIPMENT

Make: DRAGER Model: PANORAMA-NOVA Size: LARGE NIOSH# N/A

LIMITATIONS

Beard Glasses Denture (None) Explain_____

FITTING

Satisfactory Positive Pressure Test	(Bitrex Test (Taste aversion agent))	Satisfactory Isoamyl Acetate Test
Satisfactory Negative Pressure Test	Satisfactory Sweetener Test	Unsatisfactory Test Results

COMFORT

Very Comfortable (Comfortable) Barely Comfortable Uncomfortable Intolerable

COMMENTS _____

FIT TEST PROCEDURES FOR TESTER:

1. Discussed limits of use in specific chemical environments
2. Discussed limits of use in oxygen deprived environment
3. Discussed in-mask eyeglass attachment option, if applicable.
4. Provide sensitivity taste detection of diluted **Bitrex** to employee
5. Discussed & Demonstrated proper donning of mask ***
6. Apply mask, conduct positive and negative pressure test
7. Test fit w/ **Bitrex** while employee breathes normal
8. Test fit w/ **Bitrex** while employee breathes deep
9. Test fit w/ **Bitrex** while employee turns head side- to-side
10. Test fit w/ **Bitrex** while employee moves head up & down
11. **If ever Test fitted w/ irritant smoke please read warning at bottom of page.**

EMPLOYEES STATEMENT: I understand that my use of this apparatus must be in accordance with Departmental procedures, rules, manufacturer's instructions and applicable OSHA Regulation and Standards. **(CAL Title 8.5144-State OSHA)**

Employee's Signature _____ Date 9-30-21

Tester's Signature _____ Date 9/30/21

* The misuse of irritant smoke can be fatal. *When allowing employee to sample irritant smoke without respiratory protection, use a small amount of smoke in an open air environment. When conducting the fit tests with the irritant smoke, do not use under a hood, tent or within a small enclosed space.*

Sonoma County Sheriff's Office

Emergency Action Plan / Fire Extinguisher Training

Training Verification Form

Pursuant to Title 8, Section 3220, 3221, and 6151 of the California Code of Regulations, employers must have an Emergency Action Plan that addresses fire emergencies and the use and maintenance of fire extinguishers.

In Sheriff's Department facilities it is the responsibility of Facility Operations Department to maintain fire extinguishers, but this does not relieve our staff from periodic checking to ensure the equipment in your areas of responsibility has been checked.

Complete the following list of training items and return this form signed by your supervisor to:
Sheriff's Training Unit

- **Review** Title 8, Section **3220** (requires a written Emergency Action Plan), Section **3221** (requires Fire Prevention Plan), and Section **6151** (specifies placement and maintenance of fire extinguishers, we are exempt as our policy requires evacuation and Fac Ops maintains our fire extinguishers).
- Review the Department Wide Policy headquarters Emergency and Evacuation Procedures
- Review the Division or Bureau Emergency and Evacuation Procedures as applicable
- View the Powerpoint presentation appropriate to your Division (approx 10 minutes)
- View the video (approx 15 minutes)
- Discuss the material with their supervisors
- **Return the Training Verification Sheet to: Sheriff's Training Unit, Attn: Marissa Tinney**

MEMBERS NAME	JOB CLASS
MICHAEL DIETRICH	DEPUTY II

The member listed above has completed the listed training.

NICK BOOS
Supervisor's Name

Supervisor's Signature

9/4/21
Date

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

MARK ESSICK
Sheriff-Coroner

JAMES NAUGLE
Assistant Sheriff
Law Enforcement Division

ALAN VERNON
Assistant Sheriff
Detention Division

Sonoma County Sheriff's Office

Sonoma County Sheriff's Office
Bloodborne Pathogen Exposure Control Plan Training

Training Documentation Form
January 2020 – December 2020

Pursuant to Title 8, Section 5193 of the California Code of Regulations employers must have a plan and conduct training to minimize and eliminate employee occupational exposure to blood or other potentially infectious body fluids.

Complete the following list of training items and return this form signed by your supervisor to: Sheriff's Training Unit, Attention: Jackie Porter

- Review Bloodborne Pathogen Exposure Control Plan
- View the Video, approx 15 minutes.
- Discuss the material with your supervisor

MEMBER'S NAME	JOB CLASS
MICHAEL DIETRICK	DEPUTY SHERIFF II

The member listed above has completed the training.

Signature

4-17-2020

Date

Administration
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

QUALITATIVE FIT TEST REPORT

EMPLOYEE NAME MICHAEL DIETRICK
ASSIGNMENT COURT SECURITY
TESTED BY HARDEMAN
DATE 10-14-19

BREATHING APPARATUS

Self Contained	Supplied Air	Combination Cartridge
Powered Air	Chemical Cartridge	(PH/CN/CS/P100)
Dust/Mist/Fume Filter	Hepa Filter	Other:_____

EQUIPMENT

Make: DRAGER Model: PANORAMA-NOVA Size: LARGE NIOSH# N/A

LIMITATIONS

Beard Glasses Denture (None) Explain_____

FITTING

Satisfactory Positive Pressure Test	Bitrex Test (Taste aversion agent)	Satisfactory Isoamyl Acetate Test
Satisfactory Negative Pressure Test	Satisfactory Sweetener Test	Unsatisfactory Test Results

COMFORT

Very Comfortable (Comfortable) Barely Comfortable Uncomfortable Intolerable

COMMENTS _____

FIT TEST PROCEDURES FOR TESTER:

1. Discussed limits of use in specific chemical environments
2. Discussed limits of use in oxygen deprived environment
3. Discussed in-mask eyeglass attachment option, if applicable.
4. Provide sensitivity taste detection of diluted **Bitrex** to employee
5. Discussed & Demonstrated proper donning of mask ***
6. Apply mask, conduct positive and negative pressure test
7. Test fit w/ **Bitrex** while employee breathes normal
8. Test fit w/ **Bitrex** while employee breathes deep
9. Test fit w/ **Bitrex** while employee turns head side- to-side
10. Test fit w/ **Bitrex** while employee moves head up & down
11. **If ever Test fitted w/ irritant smoke please read warning at bottom of page.**

EMPLOYEES STATEMENT: I understand that my use of this apparatus must be in accordance with Departmental procedures, rules, manufacturer's instructions and applicable OSHA Regulation and Standards. **(CAL Title 8.5144-State OSHA)**

Employee's Signature _____ Date 10-14-19

Tester's Signature _____ Date 10.17.19

* The misuse of irritant smoke can be fatal. *When allowing employee to sample irritant smoke without respiratory protection, use a small amount of smoke in an open air environment. When conducting the fit tests with the irritant smoke, do not use under a hood, tent or within a small enclosed space.*

Sonoma County Sheriff's Office
PREA Training

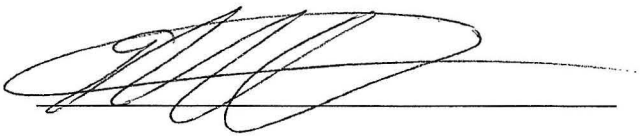
Training Documentation Form

The Sonoma County Sheriff's Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards.

- Review the PREA training power point presentation
- Discuss any questions/concerns with your supervisor
- Sign and return to: Sheriff's Training Unit, Attn: Jackie Porter

MEMBER'S NAME	JOB CLASS
MICHAEL DIETRICH	DEPUTY SHERIFF II

I have reviewed the PREA training power point presentation and discussed any questions/concerns with my supervisor.



Signature

2-6-19

Date

Administration	*Law Enforcement Division*	*Detention Division*	*Coroner*
2796 Ventura Avenue	*2796 Ventura Avenue*	*2777 Ventura Avenue*	*3336 Chanate Road*
Santa Rosa, CA 95403	*Santa Rosa, CA 95403*	*Santa Rosa, CA 95403*	*Santa Rosa, CA 95404*
707.565.2781	*707.565.2511*	*707.565.1422*	*707.565.5070*

Sonoma County Sheriff's Office

ROBERT GIORDANO
Sheriff-Coroner

CLINT SHUBEL
Assistant Sheriff
Law Enforcement Division

RANDALL WALKER
Assistant Sheriff
Detention Division

Emergency Action Plan / Fire Extinguisher Training
Training Verification Form
2018

Pursuant to Title 8, Section 3220, 3221, and 6151 of the California Code of Regulations, employers must have an Emergency Action Plan that addresses fire emergencies and the use and maintenance of fire extinguishers.

In Sheriff's Office facilities it is the responsibility of Facility Operations Department to maintain fire extinguishers, but this does not relieve our staff from periodic checking to ensure the equipment in your areas of responsibility has been checked.

MEMBER'S NAME	JOB CLASS
MICHAEL DIETRICH	DEPUTY SHERIFF II

The member listed above has completed the training.

Signature _____ Date 3-30-18

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

Sonoma County Sheriff's Office

ROBERT GIORDANO
Interim Sheriff-Coroner

CLINT SHUBEL
Assistant Sheriff
Law Enforcement Division

RANDALL WALKER
Assistant Sheriff
Detention Division

Sonoma County Sheriff's Office
Bloodborne Pathogen Exposure Control Plan Training

Training Documentation Form
January 2018 – December 2018

Pursuant to Title 8, Section 5193 of the California Code of Regulations employers must have a plan and conduct training to minimize and eliminate employee occupational exposure to blood or other potentially infectious body fluids.

Complete the following list of training items and return this form signed by your supervisor to: Sheriff's Training Unit, Attention: Jackie Porter

- Review Bloodborne Pathogen Exposure Control Plan
- View the MS PowerPoint presentation appropriate to your Division, approx. 10 minutes.
- View the Video, approx 15 minutes.
- Discuss the material with your supervisor

MEMBER'S NAME	JOB CLASS
MICHAEL DIETRICH	DEPUTY SHERIFF II

The member listed above has completed the training.

3-30-18

Signature Date

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

Sonoma County Sheriff's Office

ROBERT GIORDANO
Interim Sheriff-Coroner

CLINT SHUBEL
Assistant Sheriff
Law Enforcement Division

RANDALL WALKER
Assistant Sheriff
Detention Division

Sonoma County Sheriff's Office

PREA Policy Review Attestation Form

The Sonoma County Sheriff's Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards.

- Review the Office-Wide PREA policy and harassment policies
- Discuss any questions/concerns with your supervisor
- Sign and return to: Sheriff's Training Unit, Attn: Jackie Porter

MEMBER'S NAME	JOB CLASS
MICHAEL DIETRICH	DEPUTY SHERIFF II

I have reviewed the policies indicated above.

Signature

2-2-18

Date

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

Sonoma County Sheriff's Office

Emergency Action Plan / Fire Extinguisher Training

Training Verification Form

Pursuant to Title 8, Section 3220, 3221, and 6151 of the California Code of Regulations, employers must have an Emergency Action Plan that addresses fire emergencies and the use and maintenance of fire extinguishers.

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Complete the following list of training items and return this form signed by your supervisor to:
Sheriff's Training Unit

- **Review** Title 8, Section **3220** (requires a written Emergency Action Plan), Section **3221** (requires Fire Prevention Plan), and Section **6151** (specifies placement and maintenance of fire extinguishers, we are exempt as our policy requires evacuation and Fac Ops maintains our fire extinguishers).
- Review the Department Wide Policy headquarters Emergency and Evacuation Procedures
- Review the Division or Bureau Emergency and Evacuation Procedures as applicable
- View the Powerpoint presentation appropriate to your Division (approx 10 minutes)
- View the video (approx 15 minutes)
- Discuss the material with their supervisors
- **Return the Training Verification Sheet to: Sheriff's Training Unit, Attn: Jackie Porter**

MEMBERS NAME	JOB CLASS
M. DIETRICH #2581	DEPUTY SHERIFF II

The member listed above has completed the listed training.

Supervisor's Name

Supervisor's Signature

10-2-17
Date

Administration Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2781

Law Enforcement Division
2796 Ventura Avenue
Santa Rosa, CA 95403
707.565.2511

Detention Division
2777 Ventura Avenue
Santa Rosa, CA 95403
707.565.1422

Coroner
3336 Chanate Road
Santa Rosa, CA 95404
707.565.5070

Certificate of Achievement

presented to

MICHAEL DIETRICK

for the successful completion of

HRD - Preventing Harassment, Discrimination and Retaliation in the Workplace

02-APR-2022

Keep up the great work!

Opportunity. Diversity. Service.

COUNTY OF SONOMA
HUMAN RESOURCES DEPARTMENT

NEW EMPLOYEE ORIENTATION TRAINING
PROOF OF PARTICIPATION CERTIFICATE
(Requires Attendance for Entire Session)

Participant Name (please print): MICHAEL DIETRICK

Department: SONOMA COUNTY SHERIFF'S OFFICE

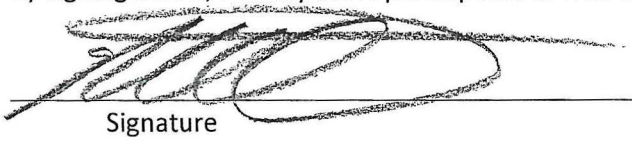
Your Title: DEPUTY SHERIFF II

Course #: HRT-NEO
Date & Time: Wednesday, December 13, 2017
8:30 am – 4:00 pm

Location: HR Training
575 Administration Dr. Rm 117C
Santa Rosa, CA 95403

8:30 – 9:10	**WELCOME TO THE COUNTY** ***David Hurley,*** *HR Analyst, Workforce Development, Human Resources*
9:10—9:50	**PENSION BENEFITS** ***Selina Gonzalez & Lisa Hogan*** *Sonoma County Employees' Retirement Association*
10:00 – 10:05	**BREAK**
10:05 – 11:00	**DISCRIMINATION & HARASSMENT IN THE WORKPLACE** ***Melissa Gilpin,*** *EEO/ADA Analyst, Human Resources Department*
11:00 – 11:15	**SEIU** ***Paul Foster,*** *Auditor Appraiser II, Representing SEIU* ***Dublin Insurance Representative,*** *Dublin Insurance*
11:15 – 11:40	**ENERGY & SUSTAINABILITY** ***Energy and Sustainability Division Staff, General Services***
11:40 – 12:00	**DEFERRED COMPENSATION** ***Karen Davis,*** *Deferred Comp.*
12:00 – 1:00	**LUNCH**
1:00 – 1:45	**HEALTH & SAFETY IN THE WORKPLACE** ***Carina LaDelle,*** *Workplace Safety, Human Resources*
1:45 – 2:45	**EMPLOYEE BENEFITS** ***Cheryl Thibault,*** *Risk Management Analyst, Benefits, Human Resources*
2:45 – 3:00	**BREAK**
3:00 – 4:00	**EMERGENCY MANAGEMENT SYSTEM** ***Brentt Blaser,*** *Emergency Coordinator, Fire and Emergency Services*

TO BE COMPLETED BY PARTICIPANT:
By signing below, I certify that I participated in New Employee Orientation as outlined above.



Signature

12-13-17
Date

NOTE TO PARTICIPANT: ***This document is retained permanently in your personnel file as proof of attendance.***

California POST Learning Portal

Proof of Completion

C44-Q08 DIETRICK, MICHAEL

Name

Beyond Bias: Racial & Identity Profiling Update

Online course Passed

4 Hours CPT credit

4/2/2022

Date Passed

CCN: 9180-25595-21276

CCN / EDI Lookup

This course was presented by POST through the Learning Portal(lp.post.ca.gov).
Additional verification can be made through this individual's POST EDI training profile.

Name: MICHAEL DIETRICK Date: 10-8-18

Narcan for Law Enforcement Quiz

1. What is Naloxone? NARCAN
2. Name 3 common Opioid medications.
   METHADONE FENTANYL TRAMADOL
3. Opioids are a CENTRAL NERVOUS SYSTEM depressant.
4. Naloxone will not work on STIMULANTS and SEDATIVES.
5. Indications for use of Narcan are RESPIRATORY DEPRESSION, GURGLING and PIN POINT PUPILS.
6. Narcan can be administered IV, IM, IN ~~SQ~~?
7. They initial dose with a pre load syringe is ~~4MG~~ 2MG.
8. The dose for nasal spray is 4MG.
9. Two side effects to watch for are VOMITING and SEIZURES
10. Contraindications for Narcan are KNOWN HYPERSENSITIVITY and CHRONIC PATIENTS WITH DIALY OPIOD USE

Skills

Officers will demonstrate the assembly of the pre load syringe and Mucosal Atomization Device (MAD).

Officers will demonstrate that administration of 1 mg of Narcan with pre load syringe and MAD.

Officers will demonstrate the administration of Narcan via nasal spray.

Office for Bombing Prevention

In Partnership With

Center for Domestic Preparedness

Certify that

Michael Scott Dietrick

successfully completed the

Bombing Prevention Awareness Course

Anniston, AL

(.7 Continuing Education Units/7 Contact Hours)

Issued this 15th day of July, 2019

CISA

David W. Williamson
Chief, Counter-IED Training & Awareness
Office for Bombing Prevention
Cybersecurity and Infrastructure Security Agency
US Department of Homeland Security

AUTHORIZED IACET PROVIDER

FEMA

Tony Russell
Superintendent
Center for Domestic Preparedness
Federal Emergency Management Agency
U.S. Department of Homeland Security

2040-00063047-0001316204-0202-3

Center for Domestic Preparedness

FEMA

This is to certify that

Michael Scott Dietrick

successfully completed the

Field Force Operations

Anniston, AL

(2.4 Continuing Education Units/24 Contact Hours)

Issued this 18th day of July, 2019

AUTHORIZED IACET PROVIDER

Tony Russell
Superintendent
Center for Domestic Preparedness
Federal Emergency Management Agency
U.S. Department of Homeland Security

2042-00063048-0001316205-0202-3

TASER TRAINING ACADEMY

VERSION 20

TASER® Conducted Electrical Weapons (CEWs)
Part 2: X2 Certification Test

PRINT LEGIBLY AND CLEARLY PLEASE!

Name: MICHAEL DIETRICH New Certification ☒ Recertification ☐

Agency: SONOMA COUNTY SHERIFF

Training Date: 2-27-17 Location: SONOMA COUNTY SHERIFF OFFICE

1. The ARC switch can be used to:
   A. Initiate the warning arc
   B. Toggle between cartridges
   C. Re-energize deployed cartridges
   D. All of the above

2. A warning arc can be displayed on the X2 without discharging loaded cartridges.
   A. True
   B. False

3. The Automatic-Shutdown Performance Power Magazine (APPM) automatically stops the TASER cycle after 5 seconds even if the trigger is held down.
   A. True
   B. False

4. An X2 set to semi-automatic mode will advance to the next live cartridge once a cartridge is deployed and the trigger is released. A second trigger pull will discharge the second cartridge.
   A. True
   B. False

5. If an X2 has a PPM, TPPM, or TASER Cam (without auto-shutdown) for a power source, and the trigger is held down beyond the 5-second cycle, the X2 will continue to cycle until the trigger is release or the batteries (PPM) drains.
   a. True
   b. False

100% w/ Remediation

TASER TRAINING ACADEMY

VERSION 20

TASER® Conducted Electrical Weapons (CEWs)
Part 1: End User Certification Test

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Name: MICHAEL DIETRICH New Certification [X] / Recertification [X]

Agency: SONOMA COUNTY SHERIFF

Training Date: 7-27-17 Location: SONOMA COUNTY SHERIFF OFFICE

1. The Nervous System consist of the following:
   a) Central Nervous System - Command Center (brain and spinal cord)
   b) Motor Nervous System – Carries commands from the brain to muscles (NMI systems affect BOTH the Sensory and motor Nerves)
   c) Sensory Nervous System – Brings information into the brain (effected by stun systems)
   (d) All of the above

2. In considering the use of a CEW:
   a) Do not use for verbal defiance
   b) Do not use for belligerence
   c) Do not use for punishment
   d) Do not use for horse play
   (e) All of the above

3. The preferred target areas (with the exception of sensitive CEW target areas) for CEW exposure:
   a) Lower center mass (below chest or area of the heart) and legs for front exposure
   b) Below the neck area for back exposures
   c) Anywhere on the person's body
   d) a and b
   (e) a and b (with the back being the most preferred area)

4. (True)/False As with any use of force, the longer the CEW exposure the greater the risk of potential cumulative physiologic, metabolic, and other effects.

5. (True)/False The officer should avoid intentionally targeting the CEW on sensitive areas of the body such as the head, throat, breast, chest or area of the heart, genitals, or known pre-existing injury areas without legal justification.

6. (True)/False Probe deployments are usually more desirable/effective than drive stuns.

17. During CEW voluntary exposures which of the following are required safety rules?
    a) Always use two spotters when volunteer is standing
    b) Spotters must hold volunteers closely under the armpit to stabilize the shoulder and upper arm and avoid twisting their shoulder
    c) The volunteer should be safely supported and carefully lowered to the ground
    d) All of the above

18. The handheld electronic weapons manufactured by TASER are referred to as:
    a) Electronic Control Weapons
    b) Shock devices
    c) Conducted Electrical Weapons
    a) Conducted Energy Weapons

19. The standard CEW cycle if the trigger is pulled and released is:
    a) 10 seconds
    b) 5 seconds
    c) 4 seconds
    d) The cycle always stops as soon as the trigger is released

20. A daily 5-second CEW spark/functionality test is recommended to:
    a) Ensure the CEW is sparking and functioning properly
    b) Create muscle memory
    c) Practice drawing and holstering the CEW
    d) Teach proper CEW safety

21. TASER does not establish, recommend or endorse;
    a) Use of force procedures, policies, or general orders
    b) Department policies, procedures, or general orders
    c) Tactics
    d) All of the above

22. Activated CEWs can ignite:
    a) Gasoline and gasoline vapors
    b) Butane
    c) Some personal defense sprays
    d) Some hair sprays or gels
    e) All of the above

23. A CEW application on a person can cause physiologic or metabolic effects, including, but not limited to, changes in:
    a) Blood Chemistry
    b) Heart rate, and rhythm
    c) Blood pressure
    d) Respiration
    e) Adrenaline and Stress hormones
    f) Other effects
    g) All of the above

24. Examples of persons who are at an elevated risk of secondary effects from a CEW exposure include:
    a) Running persons
    b) Persons in elevated positions
    c) Persons in a flammable environment
    d) All of the above

TASER TRAINING ACADEMY

[TASER Training Version 20]

TASER® CEW End-User Applicant Certification Form

PRINT LEGIBLY AND CLEARLY PLEASE!

Which CEWs were you certified on (Check all that apply): ☐ M26 ☐ X26 ☐ X26P ☒ X2 ☐ X3

Rank: DEPUTY SHERIFF II Name: MICHAEL DIETRICK

Agency: SONOMA COUNTY SHERIFF Email: MICHAEL.DIETRICK@SONOMA-COUNTY.ORG

Phone: 707-565-2650

Address/State/Zip: 2796 VENTURA AVE SANTA ROSA CA 95403

New Certification: ☒ Annual Recertification: ☐

TASER Instructor Use Only

Instructor is required to verify that applicant has successfully completed all CEW User Certification/Recertification requirements.

Number of answers correct on written exam: _____ out of 50 for the X26, X26P, X2, and X3 (90% minimum)
_____ out of 45 for the M26 (90% minimum)

JL Review entire Version 20 End-Use Certification Course PowerPoint Presentation(s)

JL Demonstrate safe handling of CEW and cartridges and proper finger positions for safe handling, aiming, and firing.

JL Safely control TASER CEW adequately when commanded "Arm - Spark - Safe" at random.

JL Demonstrate the ability to safely load and unload the TASER CEW under stress.

JL Remove and reinstall battery in TASER CEW correctly.

JL Deploy a minimum of 2 live cartridges, placing both probes in preferred target zones.

JL (X2 and X3 only) Utilize the ARC switch to re-energize deployed probes and give a warning arc

I hereby certify that the above named applicant has satisfactorily completed all components of the TASER End-User Certification, or Annual Re-Certification, training program and is hereby certified as a user of this system for one year.

Attested by Certifying Instructor: JASON LITZE (Print Name) _____ (Signature)

Date: 7/27/17 Location of Training: MAIN SLSO

Do not Send this Form to TASER International
Keep this Form for Department Training Records

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medical care, surgical removal, or may result in scarring, infection, or other serious injury.

SAFETY INFORMATION: CEW DEPLOYMENT AND USE

WARNING CEWs and cartridges are weapons, and as with any weapon follow safe weapon-handling practices and store your CEW securely. Significant differences exist between different TASER CEW models. Before using any CEW, including a multi-shot CEW, ensure you understand the functioning and effects of that model. Follow practices in TASER's warnings and training materials and any additional requirements in your agency's Guidance. Failure to follow the warnings may re in death or serious injury to the user or others.

WARNING **Confusing Handgun with CEW.** Confusing a handgun with a CEV could result in death or serious injury. Learn the differences in the physical feel holstering characteristics between your CEW and your handgun to help avoid confusion. Always follow your agency's Guidance and training.

WARNING **Trigger Hold-Back Model Differences.** If the trigger is held back, CEWs will continue to discharge until the trigger is released or the power sourc expended. With an APPM installed, the X2 and X26P can be programmed to st CEW discharge at 5 seconds *even if the user continues to hold back the trigge* requiring a deliberate action to re-energize the deployed cartridge. Know your model and how it works. Avoid repeated, prolonged, or continuous CEW applications when practicable.

SAFETY INFORMATION: CEW EFFECTIVENESS

WARNING **Subject Not Incapacitated.** An ineffective CEW application could increase the risk of death or serious injury to the user, the subject, or others. If a CEW does not operate as intended or if subject is not incapacitated, disengage, redeploy the CEW, or use other force options in accordance with agency Guidal A CEW's effects may be limited by many factors, including absence of delivered electrical charge due to misses, clothing disconnect, intermittent connection, or breakage; probe locations or spread; subject's muscle mass; or movement. Some of the factors that may influence the effectiveness of CEW use in effecting or achieving control of a subject include:

Subject may not be fully incapacitated. Even though a subject may be affected by a CEW in one part of his body, the subject may maintain full muscle control of other portions of his body. Control and restrain a subject as soon as possible, and be prepared in case the subject is not fully incapacitated.

Subject may recover immediately. A subject receiving a CEW discharge may immediately regain physical or cognitive abilities upon cessation of the delivered CEW discharge. Control and restrain a subject as soon as possible, and be prepared in case the subject immediately recovers.

Drive-stun mode is for pain compliance only. The use of a handheld CEW in drive-stun mode is painful, but generally does not cause incapacitation. Drive-stun use may not be effective on emotionally disturbed persons or others who may not respond to pain due to a mind-body disconnect. Avoid using repeated drive-stuns on such individuals if compliance is not achieved.

SAFETY INFORMATION: GENERAL PRECAUTIONS

WARNING **Unintentional CEW Deployment or Discharge Hazard.** Unintentional CEW activation or unexpected cartridge discharge could result in death or serious injury to the user, subject, or others.

Avoid static electricity. Keep cartridge away from sources of static electricity. Static electricity can cause a CEW or X26, X26P, or M26 cartridge to discharge unexpectedly, possibly resulting in serious injury.

Keep body parts away from front of CEW or cartridge. Always keep your hands and body parts away from the front of the CEW and cartridge. If the CEW discharges unexpectedly you could be injured.

****

IF YOU HAVE A CONDITION OR PRE-EXISTING INJURY THAT COULD BE AGGRAVATED BY TASER TRAINING OR CEW EXPOSURE, NOTIFY YOUR INSTRUCTOR AND DO NOT PARTICIPATE.

Please check all boxes that apply:

- ☐ **I do not have injuries, physical or mental conditions that could be aggravated by TASER training or CEW exposure.**
- ☐ **I have pre-existing injuries or conditions that could be aggravated by TASER training or CEW exposure.**
- ☐ **I agree to participate in the training course but I do NOT volunteer or agree to be exposed to the electrical discharge of the CEW.**

LIABILITY & RELEASE AGREEMENT

In consideration of, and as a condition precedent to, the use of TASER copyrighted training materials and participation in the training course; I acknowledge and agree as follows:

I have read, fully understand and accept the risks. I have read, fully understand, and accept the risks as stated in this document and TASER's current warnings ("Risks") and that these Risks exist whether or not I have pre-existing injuries. With full knowledge of the Risks I voluntarily agree to participate in this

erstand that TASER does training. It is up to each perience a CEW exposure intarily experience a CEW

MICHAEL DIETRICK

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ume all Risks inherent in of the CEW exposure as een or unforeseen. irmless TASER, its agents, tor, my law enforcement es"), from any and all , breach of warranty, even if due to the l Parties. I specifically e of unknown claims. e that neither I nor anyone or claim against the training. not waive any rights I may have under Workers' Compensation Laws. I agree that any recovery under Workers' Compensation Laws does not change, extend or enlarge the waivers and protections inherent in this agreement.

This agreement supersedes any other representation. This release supersedes any other statement, agreement or representation, written or oral, concerning my TASER CEW training (including any CEW exposure). I affirm that this is my entire agreement with TASER and I am not relying on any representation by my instructor or agency inconsistent with TASER's warnings and the Risks set forth in this document or in TASER's training materials.

This agreement is a binding contract. I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

I am competent to be bound by this agreement. I affirm that I am competent to enter into and be bound by this agreement; that I have read and understand this Liability & Release Agreement in its entirety; that I have not been induced to sign this agreement by any promise or representation; and that I sign it voluntarily and of my own free will. By signing below I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Date 7-27-17 Signed _____

Printed Name MICHAEL DIETRICK

Agency SONOMA COUNTY SHERIFF

Mail, fax or email a copy of this completed form to TASER at:
17800 N. 85th St., Scottsdale, AZ 85255
Fax 480.905.2027 Email legal@taser.com

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This Certificate of Achievement is to acknowledge that

MICHAEL S DIETRICK

has reaffirmed a dedication to serve in times of crisis through continued professional development and completion of the independent study course:

IS-00100.b
Introduction to Incident Command System
ICS-100

Issued this 31st Day of March, 2013

Tony Russell
Superintendent
Emergency Management Institute

0.3 IACET CEU

Emergency Management Institute

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MICHAEL DIETRICK

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IS-00700.a
National Incident Management System (NIMS)
An Introduction

Issued this 17th Day of April, 2013

Tony Russell
Superintendent
Emergency Management Institute

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