Officer Activity Sheet

Enforcement Program [   ] <<< Drop Down or Fill-In

Activity [   ] <<< Drop Down or Fill-In

| e-Citation: | ☐ |
| Paper Ticket: | ☐ |

Officer Last Name/First Name (please print)	Officer's I.D.	Day of Week		Date	

INDIANA CRIMINAL JUSTICE INSTITUTE

Department		24 HR Format / Start Time	End Time	Hours

CITATIONS & WARNINGS	UTT	WARNING	TOTAL
Seat Belt Violation			
Child Passenger Safety/Restraint			
Project Love Vouchers			
Driving Under Influence			
Speeding			
Hands Free Law Violation			
School Bus Stop Arm Violation			
Driving While Suspended			
All Other Traffic Violations			
Warrants/Other Criminal Arrests			
CONTACT TOTAL:			

ACTIVITY	
Total # Vehicles Stopped:	
Total # Arrests:	
Mileage Total:	
IMPAIRED DRIVING	
# of PBT's administered	
# of SFST's conducted	
# of DRE's conducted	
# of ARIDE administered	
# of SOTOXA's adininistered	
TOTAL HOURS	
ARREST HOURS	
TOTAL PATROL HRS	

List significant event(s) occurring during enforcement here:

Police Officer Signature:

I AFFIRM OR ATTEST THAT ALL HOURS SUBMITTED ARE FOR OVERTIME HOURS WORKED

Turn in all documentation to your Coordinator at the end of your OT patrol.

Electronic Signature(s) must be valid and not a typed name

Supervisor's PRINTED Name and ID: **Supervisor's Signature:**

Coordinator Use for Reporting	
Month or Blitz #:	
Total Patrol Hours;	
Contact Rate Per Hour:	
Overtime Hourly Rate:	
TOTAL PAY:	

Comprehensive Highway Injury Reduction Program (CHIRP)
Officer Activity Sheet
Reporting Instructions

All of the following items should be present in order for an Officer Activity Sheet to be considered complete.

☐ **Is the right program selected at the top of the form?**

In the Enforcement Program box, select the enforcement program worked from the drop-down menu.

☐ **Are the officer's name, ID, and Department entered in the name box?**

The officer's name should appear Las Name, First Name.

☐ **Are the day of the week and enforcement date listed?**

The correct day of the week corresponding to the enforcement date should be selected from the drop-down menu.

☐ **Are the start and stop times for enforcement listed?**

The start and stop times should be typed in the corresponding boxes. The hours worked must correspond with any applicable requirements for the enforcement program (i.e., 07:00-09:00 for SAVE).

☐ **Are the Citations & Warnings, Activity, and Impaired Driving boxes filled?**

Does the enforcement action taken match the overall goal of the enforcement program worked? Are the UTT, Warning, and Total boxes filled? Are Impaired Driving activities recorded?