



Fitness Log

OACP Certificate Process

This fitness log is to be provided to the Police Service that you are applying to.
 For more information on fitness logs or to view the guide, please see OACPCertificate.ca

Candidate Name:				Date from: Date to:	
Day 1	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 2	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 3	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 4	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration and Speed:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 5	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 6	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 7	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					

Please consider your current health and fitness status and consult with your physician before beginning any physical training program. As part of the OACP Certificate Process, you are to conduct a minimum of 2-weeks worth of fitness logs. By signing below, you are acknowledging the OACP, TNT and any Police Service in which you apply to are not legally responsible if you become injured while completing this fitness log. Even if you do not run or strength train each day, you should be completing the "Stress Management" and "Sleep" sections.

The personal information contained on this form is collected pursuant to section 38(2) of the Freedom of Information and Protection of Privacy Act (FIPA) for the sole purpose of determining the suitability of the applicant for hire for any of the Police Services you choose to apply to. Questions regarding the collection of this information can be directed to OACP Certificate Administrators which can be found on the OACPCertificate.ca website.

By signing below, I hereby certify that the above information contained in this Fitness Log is a true representation of my current activity level. I understand that any misrepresentation of my fitness and activity levels could lead to disqualification from the recruitment process.

Signature: x



Week 2 Fitness Log

Candidate Name:				Date from: Date to:	
Day 8	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 9	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 10	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 11	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 12	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 13	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					
Day 14	Run	Strength Training	Other Activities	Stress Management	Sleep
	Duration:	Duration:	Sport/Activity:	Method:	Hours:
	Distance:	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
Location:					

Signature: x