



Fitness Log

OACP Certificate Process

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

Candidate Name: Example 1				Date from: Jan 18 2020	Date to: Jan 18 2020	
Day 1	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration:	Duration: 45 min	NA	Method: Reading (Investing)	7	
	Distance:	Location: local gym		Duration:		
	Indoors <input type="checkbox"/>	Upper Body <input checked="" type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: Full chest workout				
Day 2	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration:	Duration: 1 hour	NA	Method: Reading (Investing)	8	
	Distance:	Location: local gym		Duration:		
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input checked="" type="checkbox"/>	Description: Leg workout				
Day 3	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration:	Duration:	Rest day	Method:	7	
	Distance:	Location:		Duration:		
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:				
Day 4	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration and Speed:	Duration: 1 hr 15 min	NA	Method:	6	
	Distance:	Location: local gym		Duration:		
	Indoors <input type="checkbox"/>	Upper Body <input checked="" type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: Arm workout				
Day 5	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration: 15 min	Duration:	NA	Method:	7	
	Distance: 1 km	Location:		Duration:		
	Indoors <input checked="" type="checkbox"/>	Upper Body <input type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: Treadmill				
Day 6	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration:	Duration: 45 min	Basketball	Method:	8	
	Distance:	Location: local gym		Duration: 45 min		
	Indoors <input type="checkbox"/>	Upper Body <input checked="" type="checkbox"/>		Location: local school		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: Shoulder workout				
Day 7	Run	Strength Training		Other Activities	Stress Management	Sleep
	Duration:	Duration: 20 Min	NA	Method: Reading (health)	8	
	Distance:	Location: home		Duration:		
	Indoors <input type="checkbox"/>	Upper Body <input checked="" type="checkbox"/>		Location:		
Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: abs & core (back)				

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 (FIPPA) 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



Daily Fitness Journal

For each day you run or strength train, you are to outline the exact workouts you conducted.

Please feel free to make multiple copies of this page or use a blank sheet of paper instead.

Please see the Fitness Log Guide for clear instructions.

Strength Training

Please list all exercises outlined in your workout

(Include reps and sets)

(please include resistance band intensity and/or dumbbell weight if used)

Warm-up

Push-ups
(2 sets, 20 reps)

3 minutes
rest in-between
sets

Time spent strength training: 45 minutes

Bench press

135 lbs
3 sets
12 reps

Incline Bench

115 lbs
3 sets
10 reps

Dumbbell Fly

20 lbs
3 sets
8 reps

Weighted Dips

10 lbs
3 sets
5 reps

Running

Please circle the speed of your run below.

(if you travelled at two different speeds, please circle both)

(Moderate walk

Fast walk

Moderate Jog

Fast Jog

Sprint)

Please list any dynamics of today's run (if used).

(i.e. uphill, downhill, ankle weights, weighted vest)

Please identify duration of break

(if you took a break or slowed down mid-run)

Corresponding Date to Fitness Log (i.e. Day 4):

Day 1 (Jan 10, 2020)

Applicant Signature

Jan 10 2020

Date Signed

(Falsifying any information above may lead to you getting disqualified from the Constable Selection Process)



Fitness Log

OACP Certificate Process

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

Candidate Name: Example #2				Date from: JUN 20 2020	Date to: JUN 26 2020
Day	Run	Strength Training	Other Activities	Stress Management	Sleep
	Day 1	Duration: 20mins	Duration:	Sport/Activity:	Method:
Distance: 750m		Location:	Duration:	Duration:	
Indoors <input checked="" type="checkbox"/>		Upper Body <input type="checkbox"/>	Location:		
Outdoors <input type="checkbox"/>		Lower Body <input type="checkbox"/>	Description:		
Location: Treadmill					
Day 2	Duration: 15mins	Duration:	Sport/Activity:	Method:	Hours: 8
	Distance: 1050m	Location:	Duration:	Duration:	
	Indoors <input checked="" type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
	Location: Treadmill				
Day 3	Duration: 25mins	Duration:	Sport/Activity:	Method:	Hours: 8
	Distance: 2-3km	Location:	Duration:	Duration:	
	Indoors <input type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input checked="" type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
	Location: Neighbourhood				
Day 4	Duration and Speed:	Duration: 30mins	Sport/Activity:	Method: meditation	Hours: 7
	Distance:	Location: Gym	Duration:	Duration: 15mins	
	Indoors <input type="checkbox"/>	Upper Body <input checked="" type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description: Arms		
	Location:				
Day 5	Duration: 5mins	Duration: 30mins	Sport/Activity:	Method:	Hours: 8
	Distance: 400m	Location: Gym	Duration:	Duration:	
	Indoors <input checked="" type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input checked="" type="checkbox"/>	Description: Legworkout		
	Location: Treadmill				
Day 6	Duration:	Duration:	Sport/Activity: Rest Day	Method:	Hours: 7
	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	Duration: 15mins	Duration:	Sport/Activity:	Method:	Hours: 7
	Distance: 1km	Location:	Duration:	Duration:	
	Indoors <input checked="" type="checkbox"/>	Upper Body <input type="checkbox"/>	Location:		
	Outdoors <input type="checkbox"/>	Lower Body <input type="checkbox"/>	Description:		
	Location: Treadmill				

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Daily Fitness Journal

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Strength Training

Please list all exercises outlined in your workout

(Include reps and sets)

(please include resistance band intensity and/or dumbbell weight if used)

Time spent strength training:

Running

Please circle the speed of your run below.

(if you travelled at two different speeds, please circle both)

(Moderate walk

Fast walk

Moderate Jog

Fast Jog

Sprint)

Please list any dynamics of today's run (if used).

(i.e. uphill, downhill, ankle weights, weighted vest)

9 pound weighted vest.

Please identify duration of break

(if you took a break or slowed down mid-run)

No Break taken.

Corresponding Date to Fitness Log (i.e. Day 4):

Day 2

VA

Applicant Signature

Jan. 21. 2020

Date Signed

(Falsifying any information above may lead to you getting disqualified from the Constable Selection Process)