

Contraband Score Sheet

DATE: _____ LOCATION: _____

HANDLER'S NAME: _____ K-9'S NAME: _____

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

VEHICLE SEARCH

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____	_____
HIDE #2	_____	_____	_____	_____

Time of Search not to exceed 8 minutes.

Certifying Official: _____ CO number: _____

INDOOR SEARCH

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____	_____
HIDE #2:	_____	_____	_____	_____

Time of Search not to exceed 10 minutes.

Certifying Official: _____ CO number: _____

CERTIFICATION: PASSED _____ FAILED _____ (CERTIFYING OFFICIALS INITIALS)

ADDITIONAL SUBSTANCES

	SUBSTANCE	Amount	LOCATED	NOT LOCATED
ADD. #1	_____	_____	_____	_____
Time of Search not to exceed 05 minutes.				
ADD. #2	_____	_____	_____	_____
Time of Search not to exceed 05 minutes.				
ADD. #3	_____	_____	_____	_____
Time of Search not to exceed 05 minutes.				
ADD. #4	_____	_____	_____	_____
Time of Search not to exceed 05 minutes.				
ADD. #5	_____	_____	_____	_____
Time of Search not to exceed 05 minutes.				
ADD. #6	_____	_____	_____	_____

Time of Search not to exceed 05 minutes.

Certifying Official: _____ CO number: _____

REMARKS: _____