



FEMA

DHS/FEMA National US&R Response System
Certification Evaluation/Certification Preparation Cover Sheet
(Please Type)

Date: _____

Name of Handler: _____ Name of Canine: _____

Task Force: _____ Location: _____

Chief Evaluator (signature): _____

# of Victims Required to Pass:		
# of Victims Found:		
# of False Alerts:		

Site ID:	Full Access		Limited Access	
Site Order:	1	2	1	2
Lead Evaluator:				
# of Victims Placed:				
# of Victims Found (according to parameters):				
# of Victims Not Found:				
# of False Alerts:				
No Abuse of Canine:	Pass	Fail	Pass	Fail
No Aggressive Behavior to Humans or Other Canines by Canine:	Pass	Fail	Pass	Fail
Maintained Control of Canine:	Pass	Fail	Pass	Fail
Certification:	<input type="checkbox"/> Yes <input type="checkbox"/> No			