

Narcotics/Contraband Score Sheet
(circle one)

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:	Cocaine	_____	_____	_____
HIDE #2	Marijuana	_____	_____	_____

Time of Search not to exceed 8 minutes.

Certifying Official: _____ CO number: _____

INDOOR SEARCH

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

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	Meth	_____	_____	_____

Time of Search not to exceed 05 minutes.

ADD. #2	Heroin	_____	_____	_____
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Time of Search not to exceed 05 minutes.

ADD. #3	Opium	_____	_____	_____
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Time of Search not to exceed 05 minutes.

ADD. #4	MDMA	_____	_____	_____
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Time of Search not to exceed 05 minutes.

ADD. #5	_____	_____	_____	_____
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Time of Search not to exceed 05 minutes.

ADD. #6	_____	_____	_____	_____
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Time of Search not to exceed 05 minutes.

Certifying Official: _____ CO number: _____

REMARKS: _____