

Explosives Score Sheet

DATE: _____ LOCATION: _____

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

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

VEHICLE SEARCH

	TYPE OF SUBSTANCE/AMOUNT	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____
HIDE #2	_____	_____	_____
HIDE #3	_____	_____	_____

Time of Search not to exceed 10 Minutes.

Certifying Official: _____ CO number: _____

INDOOR SEARCH

	TYPE OF SUBSTANCE/AMOUNT	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____
HIDE #2:	_____	_____	_____
HIDE #3	_____	_____	_____

Time of Search not to exceed 12 minutes

Certifying Official: _____ CO number: _____

AREA SEARCH

	TYPE OF SUBSTANCE/AMOUNT	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____

Time of Search not to exceed 10 minutes.

LUGGAGE

	TYPE OF SUBSTANCE/AMOUNT	LOCATED	NOT LOCATED
HIDE #1:	_____	_____	_____
HIDE #2:	_____	_____	_____
HIDE #3:	_____	_____	_____

Time of Search not to exceed 6 minutes.

Certifying Official: _____ CO number: _____

CERTIFICATION: PASSED _____ FAILED _____ (CERTIFYING OFFICIALS INITIALS)

REMARKS: _____