

National Police Canine Association
Trailing 1 Certification Score Sheet

TRAILING 1

DATE: _____ LOCATION: _____

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

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

EVENT 1:

PASS FAIL

PREPARATION OF DOG

PASS FAIL

USE OF SCENT ARTICLE

EXERCISE: _____

ABILITY OF START TRAIL(time ok)

WORK THROUGH CONTAMINATION

Certifying Official & #: _____

EVENT 2:

PASS FAIL

TURN #1

PASS FAIL

TURN #2

EXERCISE: _____

TURN #3

WORK THROUGH TURNS

Certifying Official & #: _____

EVENT 3: (must pass both task)

PASS FAIL

PASS FAIL

THROUGH POOL SCENT (time ok)

EXERCISE: _____

TRAIL ACROSS PAVED ROAD

Certifying Official & #: _____

EVENT 4: (must pass both task)

PASS FAIL

PASS FAIL

TRAILING DOG INDICATION

EXERCISE: _____

HANDLER CALLING FIND

Certifying Official & #: _____

PASS FAIL

CERTIFICATION: _____

REMARKS: _____