TRAILING 1

DATE:		LOCA	ATION:	
HANDLER'S NAME:			K-9'S NAME:	
AGENCY'S NAME & STATE:				
	(1	DO NOT WRITE	E 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:				
				NPCA form: 0006