



# Master Score Sheet

## Explosives

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Handlers Name	Signature	Canine	Pass	Fail
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Phase	Substance/Amount	Distractions (2)
Vehicles #1 _____		
#2 _____		
#3 _____		
Building #1 _____		
#2 _____		
#3 _____		
#4 _____		
Large Vehicle #1 _____		

Certifying Official	Signature	Number	Phase Tested
1. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____