



Explosive Certification Score Sheet

Handler Name _____ K9 _____ Date _____

Agency _____

Vehicle Search (4 Hides) 15 min. Certifying Officials _____

Substance/Amount

#1 _____ Pass _____ Miss _____

#2 _____ Pass _____ Miss _____

#3 _____ Pass _____ Miss _____

#4 _____ Pass _____ Miss _____

#5 _____ Pass _____ Miss _____

#6 _____ Pass _____ Miss _____

#7 _____ Pass _____ Miss _____

#8 _____ Pass _____ Miss _____

Building Search (4 Hides) 15 min. Certifying Officials _____

Substance/Amount

#1 _____ Pass _____ Miss _____

#2 _____ Pass _____ Miss _____

#3 _____ Pass _____ Miss _____

#4 _____ Pass _____ Miss _____

#5 _____ Pass _____ Miss _____

Large Vehicle/Containers 6 min. Certifying Officials _____

#1 _____ Pass _____ Miss _____

Certification: Pass _____ Fail _____