



Explosive Master Certification Score Sheet

Date _____ Location _____

Handler Name	Agency	Signature	Canine		
1. _____				PASS	FAIL
2. _____				PASS	FAIL
3. _____				PASS	FAIL
4. _____				PASS	FAIL
5. _____				PASS	FAIL
6. _____				PASS	FAIL
7. _____				PASS	FAIL
8. _____				PASS	FAIL

Vehicle Search (4 Hides) 15 min.

Substance/Amount	Distractions (2)
#1 _____	
#2 _____	
#3 _____	
#4 _____	
#5 _____	
#6 _____	
#7 _____	
#8 _____	

Building Search (4 Hides) 15 min.

Substance/Amount	Distractions (2)
#1 _____	



#2 _____

#3 _____

#4 _____

#5 _____

Large Vehicle/Containers 6 min.

#1 _____

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