CANINE TEAM CERTIFICATION TEST

HANDLER	DOG NAME	BREED	EVALUATOR	DATE

DEPARTMENT NAME & ADDRESS

_____

_____

PLACE OF TEST

_____

_____

PASSIVE RESPONSE DOG ☐

AGGRESSIVE RESPONSE DOG ☐

MARIJUANA **PASS** ☐ **FAIL** ☐

Amount: _____ Container: _____

Location: _____

Handler Performance		**Canine Performance**	
Pass:		Pass:	
Fail:		Fail:	

Overall Result:

Pass: ☐

Fail: ☐

REMARKS: _____

_____

COCAINE **PASS** ☐ **FAIL** ☐

Amount: _____ Container: _____

Location: _____

Handler Performance		**Canine Performance**	
Pass:		Pass:	
Fail:		Fail:	

Overall Result:

Pass: ☐

Fail: ☐

REMARKS: _____

_____

METH **PASS** ☐ **FAIL** ☐

Amount: _____ Container: _____

Location: _____

Handler Performance		**Canine Performance**	
Pass:		Pass:	
Fail:		Fail:	

Overall Result:

Pass: ☐

Fail: ☐

REMARKS: _____

_____

HEROIN **PASS** ☐ **FAIL** ☐

Amount: _____ Container: _____

Location: _____

Handler Performance		**Canine Performance**	
Pass:		Pass:	
Fail:		Fail:	

Overall Result:

Pass: ☐

Fail: ☐

REMARKS: _____

_____

ECSTACY **PASS** ☐ **FAIL** ☐

Amount: _____ Container: _____

Location: _____

Handler Performance		**Canine Performance**	
Pass:		Pass:	
Fail:		Fail:	

Overall Result:

Pass: ☐

Fail: ☐

REMARKS: _____

_____

_____

SIGNATURE OF EVALUATOR

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