



HIGH DESERT

POLICE K-9 ASSOCIATION

Explosives Score Sheet

DATE: _____

LOCATION: _____

HANDLER'S NAME: _____

K-9'S NAME: _____

AGENCY'S NAME & STATE: _____

(DO NOT WRITE BELOW THIS LINE)

VEHICLE SEARCH

TYPE OF SUBSTANCE/AMOUNT LOCATED NOT LOCATED

HIDE #1:	_____	_____	_____
HIDE #2:	_____	_____	_____
HIDE #3:	_____	_____	_____

Time of Search not to exceed 10 Minutes.

Certifying Official: _____ CO number: _____

INDOOR SEARCH

TYPE OF SUBSTANCE/AMOUNT LOCATED NOT LOCATED

HIDE #1:	_____	_____	_____
HIDE #2:	_____	_____	_____
HIDE #3:	_____	_____	_____

Time of Search not to exceed 12 minutes

Certifying Official: _____ CO number: _____

AREA SEARCH

TYPE OF SUBSTANCE/AMOUNT LOCATED NOT LOCATED

HIDE #1:	_____	_____	_____
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Time of Search not to exceed 10 minutes.

LUGGAGEHIDE

TYPE OF SUBSTANCE/AMOUNT LOCATED NOT LOCATED

HIDE #1:	_____	_____	_____
HIDE #2:	_____	_____	_____
HIDE #3:	_____	_____	_____

Time of Search not to exceed 6 minutes.

Certifying Official: _____ CO number: _____

CERTIFICATION: PASSED _____ FAILED _____ (CERTIFYING OFFICIALS INITIALS)

REMARKS:
