

VIRGINIA POLICE CANINE ASSOCIATION K-9 EXPLOSIVES DETECTION TRAINING REPORT

HANDLER: _____	CANINE: _____
AGENCY: _____	DATE: _____
LOCATION: _____	TIME: _____
LIGHTING: _____	WEATHER: _____

TYPE OF SEARCH:	<input type="checkbox"/> BUILDING	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> AREA SEARCH	<input type="checkbox"/> SCRATCH WALL
	<input type="checkbox"/> PERSON	<input type="checkbox"/> OTHER: _____		

NUMBER OF HIDES: _____	SET: _____	START: _____	END: _____
NUMBER OF BLANKS: _____	NUMBER OF MASKS / DISTRACTERS: _____		

TYPE OF EXPLOSIVE	AMOUNT OF EXPLOSIVE	LOCATION OF HIDE

HANDLER ERROR: _____ CANINE MISSED: _____ UNKNOWN RESPONSE: _____
 HANDLER: Pass Fail
 CANINE: Pass Fail
 BLANKS: Yes No MASKS / DISTRACTERS: Yes No

COMMENTS:

TRAINER: _____

K-9 SUPERVISOR: _____