



PATROL-RELATED CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): _____

Previous Name(s) or Alias: _____

Canine Name: _____

(Check One) Initial _____ Recertification _____

Date: _____

DO NOT WRITE IN SHADED SPACES

| | | | | | |
|----------------------------------|----------------------------|---|-------------------------------|--------------------------------------|---------------------------------|
| CRIMINAL APPREHENSION | Fleeing Suspect | Termination w/o Engagement | Handler Protection | Apprehension with Gunfire | Evaluator's Initials |
| CANINE CONTROL | Social Exposure | Heeling | Distance Control | | Evaluator's Initials |
| CANINE SEARCHES | Building | Area | | | Evaluator's Initials |

THIS FORM IS TO BE RETAINED BY THE EVALUATOR.

EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

EVALUATOR'S SIGNATURE

EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

EVALUATOR'S SIGNATURE

EVALUATOR'S NAME/OPOTC # (LEGIBLY PRINTED/ TYPED)

EVALUATOR'S SIGNATURE