



SPECIAL PURPOSE CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): _____

Previous Name(s) or Alias: _____

Canine Name: _____ Date: _____

(Check One) Initial

Recertification

ENTER "P" FOR PASS OR "F" FOR FAIL IN EACH BOX.

Do Not Write In Shaded Spaces	HIDE #1	HIDE #2	HIDE #3	HIDE #4	HIDE #5	SUCCESSFUL COMPLETION	EVALUATOR'S INITIALS
NARCOTIC DETECTION							
1. Cocaine – Vehicle							
2. Cocaine – Building							
3. Heroin – Vehicle							
4. Heroin – Building							
5. Marijuana – Vehicle							
6. Marijuana – Building							
7. Methamphetamine – Vehicle							
8. Methamphetamine – Building							
9. Fentanyl Hydrochloride – Vehicle							
10. Fentanyl Hydrochloride – Building							
BOMBS & EXPLOSIVES - Vehicles (Must total 8 scents)							
- Rooms/Open Area							
ARTICLE SEARCH							
TRACKING							

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)

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