EXPLOSIVE DETECTION MASTER SCORE SHEET

Date __/__/____ Region ____ Location _____

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Chief Judge_____ Number Tested _____ Number Certifying _____

Inside Hide #1 _____ Weight _____ Inside Hide #2 _____ Weight _____

Outside Hide #1_____ Weight_____ Outside Hide #2 _____ Weight _____

Parcel/Package #1 _____ Weight _____ Parcel/Package #2 _____ Weight _____

Optional Crowd Screening: Odor used _____ Weight _____

#	Handler	Dog	Department	Fail ORT	Indoor Search	Time	Outdoor Search	Time	Parcel Search	Time	Crowd Screening Pass/Fail?	**Fail Cert?**	**Total**

#	Handler	Dog	Department	Fail ORT	Indoor Search	Time	Outdoor Search	Time	Parcel Search	Time	Crowd Screening Pass/Fail?	**Fail Cert?**	**Total**

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