



# Master Score Sheet

## Narcotics

Date:

Location:

Handlers Name	Signature	Canine	Pass	Fail
1. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
2. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
3. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
4. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
5. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
6. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
7. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
8. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
9. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
10. _____	_____	_____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Phase	Substance/Amount	Distractions (2)
Vehicles #1	_____	_____
#2	_____	_____
#3	_____	_____
Building #1	_____	_____
#2	_____	_____
#3	_____	_____
#4	_____	_____
Large Vehicle #1	_____	_____

Certifying Official	Signature	Number	Phase Tested
1. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____