VIRGINIA POLICE CANINE ASSOCIATION
K-9 NARCOTICS DETECTION TRAINING REPORT

HANDLER: _____ CANINE: _____

AGENCY: _____ DATE: _____

LOCATION: _____ TIME: _____

LIGHTING: _____ WEATHER: _____

TYPE OF SEARCH: ☐ BUILDING ☐ VEHICLE ☐ AREA SEARCH ☐ SCRATCH WALL ☐ PERSON ☐ OTHER: _____

NUMBER OF HIDES: _____ SET: _____ START: _____ END: _____

NUMBER OF BLANKS: _____ NUMBER OF MASKS / DISTRACTERS: _____

TYPE OF NARCOTIC	AMOUNT OF NARCOTIC	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: _____