



Ohio Peace Officer Training Commission  
Office 800-346-7682

P.O. Box 309  
London, Ohio 43140  
www.OhioAttorneyGeneral.gov

## PATROL-RELATED CANINE CERTIFICATION EVALUATION FIELD WORKSHEET

Handler Name (Last, First, Middle): \_\_\_\_\_

Previous Name(s) or Alias: \_\_\_\_\_

Canine Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Check One) Initial                      Recertification

ENTER PASS OR FAIL IN EACH BOX. DO NOT WRITE IN SHADED SPACES.

<b>CRIMINAL APPREHENSION</b>	<b>Fleeing Suspect</b>	<b>Termination w/o Engagement</b>	<b>Canine Control</b>		<b>Evaluator's Initials</b>
<b>CANINE CONTROL</b>	<b>Social Exposure</b>	<b>Heeling</b>	<b>Distance Control</b>	<b>Obedience with Gunfire</b>	<b>Evaluator's Initials</b>
<b>CANINE SEARCHES</b>	<b>Building</b>	<b>Area</b>			<b>Evaluator's Initials</b>

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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