

**W.D.D.O. Randomized Double Blind Certification Testing  
Handler Answer Sheet**

<b>Team Information</b>			
Firm/Agency:	Phone:		
Address:	City:	State:	Zip:
Handler Name:	Email:		
Canine Name:	Microchip #:		
Breed:	Color:	Gender:	

<b>Test Information</b>	
Test Site:	Test Date:
City:	State:

<b>Test Type</b>				
Check the appropriate check box for the correct test. Fill in assigned scenario numbers in table below.				
<input type="checkbox"/> <b>Bed Bug Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search			
<input type="checkbox"/> <b>Termite Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search			
<input type="checkbox"/> <b>Mold Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search			
<input type="checkbox"/> <b>Narcotics Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search, Phase 3 Vehicle Search			
<input type="checkbox"/> <b>Explosives Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search, Phase 3 Vehicle Search, Phase 4 Suspect Lineup, Phase 5 Luggage			
<input type="checkbox"/> <b>Accelerant Detection Certification Test</b> -	Phase 1 Burn Matrix, Phase 2 Room Search, Phase 4 "Suspect" Line Up			
<input type="checkbox"/> <b>Weapons Detection Certification Test</b> -	Phase 1 Odor Recognition Test, Phase 2 Room Search, Phase 3 Vehicle Search, Phase 5 Luggage Search			
<b>Scenario Number</b>				
Phase 1	Phase 2	Phase 3	Phase 4	Phase 5

<b>Phase One – Odor Recognition/Burn Matrix</b>					
Time Start: _____	Cont.#	Alert	Cont.#	Alert	<b>Enter Container number for all containers.</b>  <b>For each container, circle YES if you call an alert or NO if you do not call an alert.</b>
Time End: _____		YES NO		YES NO	
Handler's Initials: _____		YES NO		YES NO	
<b>PASS</b> <b>FAIL</b> <small>To be filled out by Certifying Officials Only</small>		YES NO		YES NO	
		YES NO		YES NO	
		YES NO		YES NO	

<b>Phase Two – Room Search</b>	
Time Start: _____	Room # ____ Alert: YES NO Alert Loc. _____
Time End: _____	Room # ____ Alert: YES NO Alert Loc. _____
Handler's Initials: _____	Room # ____ Alert: YES NO Alert Loc. _____
<b>PASS</b> <b>FAIL</b> <small>To be filled out by Certifying Officials Only</small>	Room # ____ Alert: YES NO Alert Loc. _____

**Form continued on the back with Phases Three and Four.  
Signature required on back of form prior to being turned in.**

**Phase Three – Vehicle Search**

Time Start: \_\_\_\_\_

Time End: \_\_\_\_\_

Vehicle # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Handler's Initials: \_\_\_\_\_

Vehicle # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

**PASS FAIL**

To be filled out by Certifying Officials Only

Vehicle # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

**Phase Four – "Suspect" Line Up**

Time Start: \_\_\_\_\_

Time End: \_\_\_\_\_

Suspect/Article # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Suspect/Article # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Handler's Initials: \_\_\_\_\_

Suspect/Article # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

**PASS FAIL**

To be filled out by Certifying Officials Only

Suspect/Article # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Suspect/Article # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

**Phase Five – Luggage Search**

Time Start: \_\_\_\_\_

Time End: \_\_\_\_\_

Piece # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Piece # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Handler's Initials: \_\_\_\_\_

Piece # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

**PASS FAIL**

To be filled out by Certifying Officials Only

Piece # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

Piece # \_\_\_\_ Alert: YES NO Alert Loc. \_\_\_\_\_

*Before signing, review form to insure that it accurately represents your (The Handler) choices of alerts. By signing below, the handler attests that all information on this form is accurate to the best of their knowledge. Proctor signature only required if a proctor was assigned by the Certifying Official.*

Handler Name (Print): \_\_\_\_\_

Handler's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Proctor's Name (Print): \_\_\_\_\_ (Only if Applicable)

Proctor's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Certifying Official's Name (Print): \_\_\_\_\_

Certifying Official's Signature: \_\_\_\_\_

Date : \_\_\_\_\_