



FEMA

**DHS/FEMA National US&R Response System
Certification Evaluation Cover Sheet**

(Please Type)

Date: _____

Name of Handler: _____ **Name of Canine:** _____

Task Force: _____ **Location:** _____

Chief Evaluator (signature): _____

| | | |
|---------------------------------------|--|--|
| # of Victims Required to Pass: | | |
| # of Victims Found: | | |
| # of False Alerts: | | |

| | | |
|------------------------|--------------------|-----------------------|
| Site ID: | Full Access | Limited Access |
| Site Order: | 1 2 | 1 2 |
| Lead Evaluator: | | |

| | | |
|--|--|--|
| # of Victims Placed: | | |
| # of Victims Found (according to parameters): | | |
| # of Victims Not Found: | | |
| # of False Alerts: | | |

| | | |
|---|-----------------------|-----------------------|
| No Abuse of Canine: | Pass Fail | Pass Fail |
| No Aggressive Behavior to Humans or Other Canines by Canine: | Pass Fail | Pass Fail |
| Maintained Control of Canine: | Pass Fail | Pass Fail |

Certification: **Yes** **No**