

Vermont Police Canine Program
Odor Detection Log - Instructional Chain of Custody

Date	Time Out	Time In	Odor Type	Quantity	Description	Officer

Check after search and only after aids have been secured

	Search #	Date/Time	Odor Type	Quantity	Search Area	Specific Location	Officer
<input type="checkbox"/>	1						
<input type="checkbox"/>	2						
<input type="checkbox"/>	3						
<input type="checkbox"/>	4						
<input type="checkbox"/>	5						
<input type="checkbox"/>	6						
<input type="checkbox"/>	7						
<input type="checkbox"/>	8						
<input type="checkbox"/>	9						
<input type="checkbox"/>	10						
<input type="checkbox"/>	11						
<input type="checkbox"/>	12						
<input type="checkbox"/>	13						
<input type="checkbox"/>	14						
<input type="checkbox"/>	15						
<input type="checkbox"/>	16						
<input type="checkbox"/>	17						
<input type="checkbox"/>	18						
<input type="checkbox"/>	19						
<input type="checkbox"/>	20						
<input type="checkbox"/>	21						
<input type="checkbox"/>	22						
<input type="checkbox"/>	23						
<input type="checkbox"/>	24						
<input type="checkbox"/>	25						

Search Area Defined: Alert Training, Currency, Exterior Search, Freight, Luggage, Office Related/Public, Residential, Scent Boards, School, School Simulated, Simulated Residence, Vehicle, Warehouse, Other.

Program Title: _____ Date: _____

Location: _____ Breakfast: _____ Lunch: _____ Dinner: _____

Vermont Police Academy: Registration Sheet

Class Instructors

Remember to introduce the class instructors. Write their names, the last four numbers of their social security number, indicate if they are staying overnight (thus need a room and meals), and the number of hours they are teaching. If the class has more than 4 instructors, add them at the end of roster.

Name: _____ ID#: _____ C / O # of Hours: _____

Name: _____ ID#: _____ C / O # of Hours: _____

Name: _____ ID#: _____ C / O # of Hours: _____

Name: _____ ID#: _____ C / O # of Hours: _____

Class Roster

NOTE: If you are a current waiver student please note this on the class roster with a "W" next to the "C / O" column.

	Name (Last, First, MI)	Employing Agency	Last 4 # of SSN#	C / O
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____
19.	_____	_____	_____	_____
20.	_____	_____	_____	_____

Program Title: _____ Date: _____

Location: _____ Breakfast: _____ Lunch: _____ Dinner: _____

Name (Last, First, MI)	Employing Agency	Last 4 # of SSN#	C / O
21. _____	_____	_____	_____
22. _____	_____	_____	_____
23. _____	_____	_____	_____
24. _____	_____	_____	_____
25. _____	_____	_____	_____
26. _____	_____	_____	_____
27. _____	_____	_____	_____
28. _____	_____	_____	_____
29. _____	_____	_____	_____
30. _____	_____	_____	_____
31. _____	_____	_____	_____
32. _____	_____	_____	_____
33. _____	_____	_____	_____
34. _____	_____	_____	_____
35. _____	_____	_____	_____
36. _____	_____	_____	_____
37. _____	_____	_____	_____
38. _____	_____	_____	_____
39. _____	_____	_____	_____
40. _____	_____	_____	_____
41. _____	_____	_____	_____
42. _____	_____	_____	_____
43. _____	_____	_____	_____
44. _____	_____	_____	_____
45. _____	_____	_____	_____
46. _____	_____	_____	_____
47. _____	_____	_____	_____
48. _____	_____	_____	_____
49. _____	_____	_____	_____
50. _____	_____	_____	_____