K-9 DETECTION UNIT INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

K-9 Health and Wellness

☐ Yes ☐ No — K-9 appears alert, healthy, and free of visible injury

☐ Yes ☐ No — Vaccination and medical records are current

☐ Yes ☐ No — Weight and body condition are within optimal range

☐ Yes ☐ No — Grooming and hygiene standards are maintained

Handler and Equipment

☐ Yes ☐ No — Handler is equipped with necessary safety gear

☐ Yes ☐ No — Leashes, harnesses, and collars are in good repair

☐ Yes ☐ No — Reward toys and training aids are present and clean

☐ Yes ☐ No — First aid kit for K-9 is fully stocked and accessible

Vehicle and Transport

☐ Yes ☐ No — K-9 transport kennel is secure and properly ventilated

☐ Yes ☐ No — Temperature monitoring system is functional

☐ Yes ☐ No — Vehicle interior is clean and free of hazards

☐ Yes ☐ No — Water supply and spill-proof bowl are available

Operational Performance

☐ Yes ☐ No — K-9 demonstrates proficiency in target odor detection

☐ Yes ☐ No — Search patterns are thorough and systematic

☐ Yes ☐ No — Handler-K-9 communication and control are effective

☐ Yes ☐ No — Training logs are updated with recent sessions

FINAL NOTES

Inspector Comments:

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Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately