

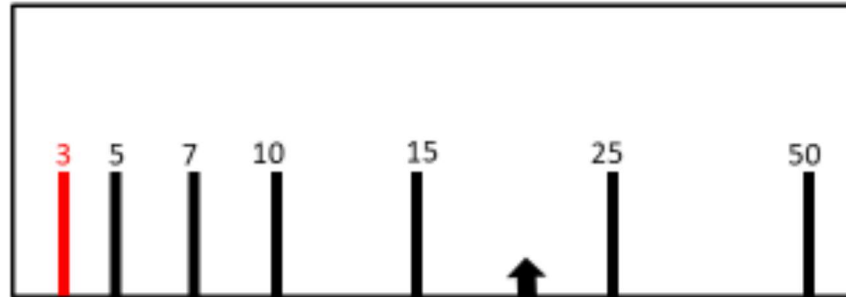


## Firing Range Inspection Check-In / Check-Out Sheet

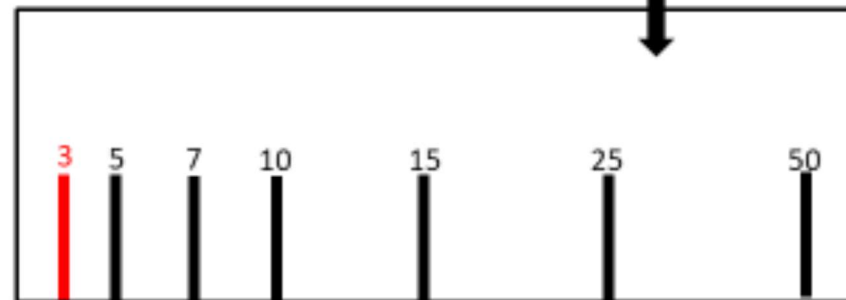
Date: \_\_\_\_\_ Time In/Out: \_\_\_\_\_/\_\_\_\_\_ Agency: \_\_\_\_\_ Instructor: \_\_\_\_\_

### Check In:

- |                               |     |    |
|-------------------------------|-----|----|
| 1. Brass On Range             | Yes | No |
| 2. Trash Cans Empty           | Yes | No |
| 3. All Target Lanes Working   | Yes | No |
| 4. Range Computer Working     | Yes | No |
| 5. Range I-Pad Working        | Yes | No |
| 6. Ventilation System Working | Yes | No |
| 7. Range Carts Working        | Yes | No |
| 8. Range Lights Working       | Yes | No |
| 9. First Aid / AED Present    | Yes | No |
| 10. Safety Briefing           | Yes |    |



ANNOTATE DAMAGE TO EITHER THE SOUTH OR NORTH WALL



### Check Out:

- |   |                             |    |
|---|-----------------------------|----|
| 1. Brass On Range                       | Yes                         | No |
| 2. Trash Cans Empty                     | Yes                         | No |
| 3. All Target Lanes Working             | Yes                         | No |
| 4. Range Computer Off                   | Yes                         | No |
| 5. Range I-Pad Charging                 | Yes                         | No |
| 6. Ventilation System Off               | Yes                         | No |
| 7. Range Carts Put Away                 | Yes                         | No |
| 8. Range Lights Off                     | Yes                         | No |
| 9. First Aid / AED Stored               | Yes                         | No |
| 10. Live Rounds / Spent Brass Separated | Yes                         | No |
| 11. Number of rounds expended:          | Handgun: _____ Rifle: _____ |    |

(FOR WEAR ON BULLET TRAP)

### Remarks:

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