NATIONAL RIFLE ASSOCIATION

RANGE SAFETY AWARENESS & COMPETENCY ASSESSMENT

|  |  |
| --- | --- |
| Name of Club Member  | Own Club Membership Number |
| Club Name | NRA Club Affiliation Number |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Pass | Fail | Date of Test | Coach / AssessorInitial & date |
| Knowledge & Understanding of Range Safety Protocols |  |  |  |  |
| Proving that the Firearm is Clear |  |  |
| Loading, Firing & Unloading |  |  |
| Misfire Procedure |  |  |
| Emergency Stop Procedure |  |  |
| Zeroing Procedures |  |  |
| Knows Sight Elevation Settings for the distances to be fired |  |  |
| Date of latests scored shoot |  |  |  |  |

*\*A failure in any category will necessitate re-training*

Comments to include safety awareness and competence in the handling of the type of firearm listed below:

**FIREARMS**

|  |
| --- |
|  |

Coach/Assessor signature………………………………. Name: …………………………………….

**Club Chairman’s Certificate of Competence**

**I certify that………………………………………………………..…………………………………………..is a member of**

**……………………………………………………………………………………………………………………………….Club**

**and has shown himself/herself to be safe and competent in the handling of firearms and ammunition.**

**Signed: ……………………………………………… Name:……………………………………… Date:…………………….**