|  |  |  |  |
| --- | --- | --- | --- |
|  **Outline** | **Name of Club:** | **Name of Range:** | **Date of Shoot:** |
|  |  |  |
| **Safe Person(s)**(qualifications are required to be listed) | **Club Secretary:** | **Contact Tel No:** |
|  |  |
| **Range Conducting Officer:** |  |
|  |  |
|  |  |
|  |  |
| **Butts Officer:** |  |
|  |  |
| **First Aider:** |  |
|  |  |
| **Safe Place**  | **Name of Range:**  | **Date Range Orders Read:** |
|  |  |
| **Date of Range Recce:** | **Name of Person Conducting Recce:** |
|  |  |
| **Medical Procedure**  | **First Aid Point Location:** | **Safety Vehicle Location:** |
|  |  |
| **Nearest Hospital with A & E inc Tel No** |  |
|  |  |
| **Immediate Action:** | **Additional Medical Points:** |
| 1. All firing is to **STOP,** and firers are to apply safety catches and await further instructions2. The RCO and First aider will move to the scene3. Immediate first aid will be administered4. Depending on severity the Major or Minor plan is to be followed. |  |
| **Minor Injury** | **Major Injury** |
| Administer first aid if requiredRecord details of injury/incident | 1. RCO or responsible officer to inform medical emergency services via the 999 system
2. Arrange RV point for ambulance providing map ref if required
3. Range Control to be informed
4. Preserve the scene
5. Inform MoD via below Reporting numbers
 |
| **Reporting Accidents** | **Def AIB Land (Ops):** 030 679 86587 |  |
| **AINC**: 030 6770 3661 | **ATO Support**: 01235 51 +Ext |
| **Safe Equipment** | All firearms and ammunition that are being fired comply with range muzzle energy limits**YES**/NO\* \**delete as appropriate* |
| **Safe Practice** | The NRA Safe Shooting System is in place **YES/NO****If NO, then a 2\* dispensation is required along with RASP** |
| **Range Conduct** (Range Team) | **Range Team Briefing must include:**1. The actions on **“Stop, Stop, Stop”,** on the incursion of personnel, livestock and/or vehicles/aircraft in the danger area2. The actions on an incident or accident occurring (medical plan)3. That they ***must*** intervene if a breach of safety is about to occur4. No cross-lane firing5. Stay alert at all times6. Scoring system and change round procedure explained if required7. Hearing protection on firing point mandatory | **Additional Safety Points:** |
| **Arrival of Firers** | 1. Normal Safety Precautions taken by all firers (physical check of firearms, magazines, sights etc), check PPE (serviceable hearing protection)
2. All firers have in date Shooter Certification Card (SCC) (YES/NO) \**delete as appropriate*
 |
| **Safety Brief:**1. The actions on **“Stop, Stop, Stop”,** on the incursion of personnel, livestock and vehicles/aircraft in the danger area2. The actions on an Incident or Accident occurring (medical plan)3. Actions on stoppage4. Identification of targets when required5. Hearing protection6. Scoring of competitions if required7. Range layout explained if required8. Ammunition limits emphasised | **Additional Safety Points:** |
|  |  |
| **Range Conduct** (describe Shoot/Practices) | **Detail 1:** | **Detail 2:** | **Detail 3:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **On Completion of Shoot** | **Detail:**Unload firearms and prove clear to RCO/Supervisor Collect brass | **Range:**Ensure range in tidy condition and secureSign 906/906A |  |
| **RCO** | **Name:** | **Sign:** |
| **Secretary or delegate** | **Name:** | **Sign:** |
| **As club secretary / person delegated to run the shoot on this date, I am content that this form and the associated planning and conduct have been/will be conducted in accordance with Range Standing Orders, the NRA RCO Manual and JSP 403**  |