

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY

RIFLE  
  
RANGE STANDARD  
OPERATING  
PROCEDURES  
(RSOP)

26 SEPTEMBER 2014

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RIFLE  
RANGE STANDARD OPERATING PROCEDURES (RSOP)

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**Chapter 1**

**Overview**

**Preamble.** The preamble normally provides information as to the origin of the organization and range, organization's purpose and brief description of the range.

**Purpose of the Range.** The organization's ranges provide opportunities for recreational and competitive shooting for its members, guests and invited public. It also provides specialized shooting events as directed by the board of directors. Safety is the governing consideration at all times.

**Chapter 2**

**Organizational Information**

**Constitution.** The organization's constitution is provided in this paragraph.

**Range Location and Contact Information.**

Name of Range \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Website \_\_\_\_\_  
e-mail \_\_\_\_\_  
Phone \_\_\_\_\_

**Chapter 3**

**Organization Officers**

President \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Range Manager \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Chief Range Safety Officer \_\_\_\_\_  
Phone \_\_\_\_\_ e-mail \_\_\_\_\_

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**Chapter 4**

**Schematic Layout of Range**

The Schematic shows and labels range layout, trap houses, firing line, range limits, parking lot, ready area, lodge, entrance and roads from main highway. Provide distance scale. (sketch schematic layout below)

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**Chapter 5**  
**Range Operations**

1. General
2. Facilities to Use.
3. Range Limitations and Safety Requirements
4. Authorized and Prohibited Ammunition and Guns.
5. Range Closure.
6. Authorized Personnel.
7. Personnel Responsibilities.
8. Hours of Operation and Scheduling.
9. Alcoholic Beverages and Drugs.
10. Emergency Support.

1. **General.** Live firing conducted at the \_\_\_\_\_  
Range Complex is designed to provide authorized personnel access to a facility to become proficient with privately-owned guns.
2. **Facilities for Use.** Range availability is at the discretion of the Range Manager (RM) according to the schedule.
3. **Range Limitations and Safety Requirements.**  
Live fire shooters will:
  - a. Fire only on ranges that have a Range Safety Officers (RSO).
  - b. Fire only authorized guns and ammunition.
  - c. Fire only at authorized targets.
  - d. Fire only after completing the "Hold Harmless" agreement.
  - e. Ensure all projectiles impact within the established range safety limits.
  - f. Call "Cease Fire" and make sure all guns safe before a shooter moves forward of the firing line or during and unsafe situation.
  - g. Call "Cease Fire" if firing line becomes staggered anywhere.
  - h. Wear appropriate eye protection.
  - i. Wear appropriate ear protection.
  - j. Notify the RSO of any safety infractions.
  - k. Police all brass and debris from range and deposit in containers provided.
  - l. When shooters are members of BSA units, NRA-certified Range Safety Officer (per 3 pistol shooters or 8 rifle shooters) and NRA-

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certified Pistol Instructor (per each shooter) or Rifle Instructor (per 8 shooters) are required.

- m. Members of BSA units must receive the 30-minute BSA safety orientation for pistol or rifle before shooting.

**4. Authorized and Prohibited Ammunition and Guns.**

- a. Authorized ammunition: Any type of jacketed, frangible or lead "Ball" ammunition and air gun pellets/BB's.
- b. Authorized firearms: Rim fire, center fire and pellet rifles and pistols on outdoor ranges. Rim fire and pellet pistols and rifles permitted on indoor ranges only unless permitted by the Range Manager.
- c. Prohibited ammunition: Incendiary, tracer, armor piercing or explosive ammunition of any type.
- d. Prohibited Guns: Any gun without sights; fully automatic guns; Paint Ball guns or Air soft guns.
- e. Wearing, drawing or firing from any holster is prohibited unless during controlled classes or competition under strict oversight by the Range Safety Officer.

- 5. Range Closure.** The range will be closed to shooters if determined unsafe by range manager, CRSO or board of directors. It may be closed to shooters during special events authorized by the board of directors.

**6. Authorized Personnel.** The following are allowed to fire:

- a. Current members of the club.
- b. Invited guests of the above, provided authorizing person is present and assumes full responsibility for conduct of invited guests.
- c. Persons approved by the club officers, RM or CRSO on a case-by-case basis.

**7. Personnel Responsibilities:**

**a. Range Manager (RM).**

- (1) Maintain range facility.
- (2) Ensures CRSO receives written range schedules as assigned.
- (3) Conduct CRSO, RSO and firearm instructor training as needed.

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**b. Chief Range Safety Officer (CRSO).**

- (1) Report for duty 1 hour prior to first scheduled live fire for the day.
- (2) Ensure each RSO understands and executes live-fire procedures.
- (3) Ensure each RSO checks in prior to going downrange.
- (4) Ensure RSO has valid shooting club identification and that names of all RSO's are listed in CRSO binder.
- (5) Ensures RSO signs out: 1 radio, appropriate keys, required range flags, "Hold Harmless" agreements, SOP binder and 1st aid kit.
- (6) Inspects range with RSO at end of shooting day. Notes repairs and maintenance to be done.
- (7) Assists the RM in conducting Range Safety Officer training.

**c. Range Safety Officer (RSO).** The club/organization president must approve anyone desiring to become an RSO. RSO status is attained by completing the RSO course conducted by the CRSO and performing duties under the mentorship of the CRSO and rated RSO's. The CRSO will grant RSO rating when the individual demonstrates all skills required. A "Hold Harmless" agreement will be completed by each RSO and provided to the RM in January.

- (1) Check in with CRSO 1/2 hour prior to first scheduled live fire.
- (2) Present shooting club identification.
- (3) Obtain following: "Hold Harmless" agreement forms, radio, 1st aid kit, range flags, keys and special instructions.
- (4) Test the radio.
- (5) Conduct range inspection using Pistol Range Checklist.
- (6) Check that all shooters have current club cards or valid guests and have completed "Hold Harmless" agreements.
- (7) Conduct Range Safety Briefing using Append 4 or BSA Range Safety Briefing if shooters are Scouts.
- (8) Request to conduct live fire from CRSO.
- (9) Conduct live fire. Failure of shooters to abide by procedures listed in chapter 6 may result from eviction from range. Report all incidents to the CRSO.
- (10) Notify CRSO by radio/person when live fire is finished



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and inspect range.  
(11) Turn in all equipment to CRSO/range manager.

**d. Members and Guests.**

- (1) All shooters must check in with the RSO on the scheduled range.
- (2) All shooters must complete "Hold Harmless" agreements.
- (3) Shooters and spectators will conduct themselves in an orderly manner at all times are responsible for conduct of their guests.
- (4) All shooters are responsible for their guns and ammunition.
- (5) Guns that are out of the case and are not being fired must benched--magazines removed/cylinders open, chambers empty, safety ON and muzzle pointing up or downrange.
- (6) Guns will be loaded only on the firing line and only on the order of the RSO.
- (7) Do not point guns at anything other than authorized targets.
- (8) Give command "Cease Fire" in unsafe condition exists.
- (9) Follow all instructions from RSO.
- (10) Wear ear and eye protection on the firing line.
- (11) Police area of casings and debris.
- (12) No pets are allowed on range complex.
- (13) No food, drinks, texting, phone or smoking on firing line.

**8. Hours of Operation and Scheduling.** The RM develops and posts the live fire schedule based on requests or as determined by the board of directors. All other range requests will be approved based on range availability. Information on range availability and scheduling may be made by calling the range at \_\_\_\_\_.

**9. Alcoholic Beverages and Drugs.** Shooters may not consume alcoholic beverages or drugs (including prescription and over-the-counter medications) before or during live firing. The CRS or RSO will deny range access to anyone in violation. There is no area at the range complex where alcoholic beverages are permitted.

**10. Emergency Support.** In the event of a medical emergency, call 911 and notify the CRSO immediately. Follow the Emergency Response Checklist at Appendix F of the SOP and prepare Injury Report form at Appendix G

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if there is an injury or illness.

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**Chapter 6**

**Emergency Procedures**

**Emergency Response Checklist.** Found at Appendix F of this SOP.

The RSO will carry this report while on duty at the range. Check off each step as completed. Place the date of emergency as the effective date.

**Injury Report Form.** Found at Appendix G of this SOP.

The RSO will designate a responsible adult to the report during an emergency. Fill in every box. DATE and TIME should be shown at "Date of Injury and "Time of Injury" boxes of form.

Identify witnesses and provide with "Witness Statement" and ask they fill out with as much information as possible. Collect statements and attach to form.

Witness Statement forms are at Tab A to Appendix G of the SOP.

**Weather.** In the event of severe weather that could endanger shooters and spectators, the RSO will close down the range and evacuate area if required.

**Incidents.**

Minor Incidents - Cuts, sprains, dislocations, etc.

Administer 1st aid, "Cease Fire" only if affects range firing.

Major Incidents - Heart attack, choking, gunshot wound, etc.

1. Range Safety Officer (RSO)--Call "Cease Fire" and close range.
2. RSO and shooters-Follow Emergency Response Checklist (Located at Appendix F of this SOP).
3. If gunshot wound: Notify sheriff or police.
4. Notify CRSO and Range Manager.

**Unruly Persons.**

For the purposes of this SOP, an unruly person is anyone who refuses to follow commands of the RSO, CRSO or Range Manager, poses threat to self or others or is obviously under influence of alcohol or drugs.

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The phases of discipline are as follows:

- 1--Ask the person to follow rules and stop unruly behavior.  
IF NOT OBEYED
- 2--Order the person off the range and report name to CRSO.  
IF NOT OBEYED
- 3--Close range, evacuate the area and notify the sheriff/police and request assistance. Watch individual and if departs, note vehicle type and license number.

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APPENDIX A  
RIFLE/PISTOL OUTDOOR RANGE INSPECTION CHECKLIST  
See Tab A for Indoor Range Checklist

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

	YES	NO
Controlled access/Fencing/Gates closed	_____	_____
Flags or signs displayed	_____	_____
Left and right range limits displayed	_____	_____
Backstop/impact area inspected	_____	_____
Firing positions marked and clean	_____	_____
Sandbags/gun rests available	_____	_____
Ready line/area marked and clean	_____	_____
Spectator area designated	_____	_____
Targets/frames/stapler available	_____	_____
Emergency communications working	_____	_____
1st aid kit filled/accessible	_____	_____
PA system/bullhorn working	_____	_____
Range rules posted	_____	_____
Bulletin board posted	_____	_____
Gun racks/pistol boxes available	_____	_____
Trash containers available	_____	_____
Dud bucket labeled	_____	_____
Washing area stocked	_____	_____
Lockable storage	_____	_____
Lights working	_____	_____
Stools available	_____	_____
Firing benches serviceable	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TAB A TO APPENDIX A  
RIFLE/PISTOL INDOOR RANGE INSPECTION CHECKLIST

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

	YES	NO
Controlled access/door closed	_____	_____
Backstop/ Impact area inspected	_____	_____
Number boards painted & visible	_____	_____
Target frames/mounts in good repair	_____	_____
Firing Line marked	_____	_____
Firing points numbered/clean	_____	_____
Shooting benches inspected	_____	_____
Gun rests/sandbags available	_____	_____
Ready Line marked	_____	_____
Spectator area designated	_____	_____
Ventilation system working	_____	_____
Target return system working	_____	_____
Emergency communications working	_____	_____
PA system/bullhorn working	_____	_____
Range rules posted	_____	_____
Bulletin board posted	_____	_____
1st aid kit filled/accessible	_____	_____
Gun racks/pistol boxes available	_____	_____
Trash containers available	_____	_____
Dud bucket labeled	_____	_____
Washing area identified	_____	_____
Lockable storage	_____	_____
Lights working	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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TAB A TO APPENDIX A  
RIFLE/PISTOL INDOOR RANGE INSPECTION CHECKLIST

Inspected by \_\_\_\_\_ Date \_\_\_\_\_

	YES	NO
Controlled access/door closed	_____	_____
Backstop/ Impact area inspected	_____	_____
Number boards painted & visible	_____	_____
Target frames/mounts in good repair	_____	_____
Firing Line marked	_____	_____
Firing points numbered/clean	_____	_____
Shooting benches inspected	_____	_____
Gun rests/sandbags available	_____	_____
Ready Line marked	_____	_____
Spectator area designated	_____	_____
Ventilation system working	_____	_____
Target return system working	_____	_____
Emergency communications working	_____	_____
PA system/bullhorn working	_____	_____
Range rules posted	_____	_____
Bulletin board posted	_____	_____
1st aid kit filled/accessible	_____	_____
Gun racks/pistol boxes available	_____	_____
Trash containers available	_____	_____
Dud bucket labeled	_____	_____
Washing area identified	_____	_____
Lockable storage	_____	_____
Lights working	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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APPENDIX B  
RANGE SAFETY BRIEFING--RIFLE

**FOLLOW** this outline when conducting Range Safety Briefing.

**CONDUCT** the briefing on the range immediately prior to shooting and **STAND** next to the posted rules and where demonstration and explanations of range equipment can be included.

**INVOLVE** range users by asking questions to ensure they understand information and rules. If guns are used during the briefing, RSO must follow NRA Gun Safety Rules.

**1. PURPOSE OF THE SHOOTING EVENT.**

- State the purpose of the event.
- State total number of rounds and time available.
- Provide overview of how the range firing is to be conducted.
- Introduce range personnel, their roles and where they will be located and how they can be identified (hats. etc).

**2. RANGE LAYOUT AND LIMITS.** Do the orientation on the range.

Point out each of the following and describe actions done there.

- **Spectator Area**--behind the Ready Area where visitors observe.
- **Ready Area**--Behind the Firing Line where shooters store and prepare.
- **Firing Points**--Shooters occupy positions on the Firing Line when told to do so. Points are numbered. Shooters may dry fire only at the firing points.
- **Backstop**--Located downrange behind the target line. Guns must point toward the backstop at all times. All firing is directed from firing points so that bullets impact at the backstop.
- **Cleaning Area**--Located at \_\_\_\_\_. Cleaning is authorized only in the cleaning area. No ammunition is allowed in the cleaning area.

**3. DEMONSTRATE.** Demonstrate shooting positions as follows.

- **Bench Rest**--Demonstrate and explain the elements.
- **Standing**--Demonstrate and explain **Free Arm** and the **Arm Rest** positions.
- **Prone**--Demonstrate and explain the position.
- **Kneeling**--Demonstrate and explain the position
- **Sitting** --Demonstrate and explain the position.



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- Instructor or RSO determines eye dominance of shooters.

**4. GUN SAFETY RULES.**

**3 Fundamental NRA rules for safe gun handling.**

- **Ask:** What is the 1st rule of safe gun handling?  
Answer: Always keep gun pointed in a safe direction.
- **Ask:** What is a safe direction?  
Answer: The gun is pointed so that if it were to go off, it would not cause injury or damage.
- **Ask:** What is the 2d rule of safe gun handling?  
Answer: Always keep finger off trigger until ready to shoot.
- **Ask:** Unless shooting, where should the shooter's finger rest?  
Answer: The finger should rest alongside the gun--on the frame.
- **Ask:** What is the 3d rule for safe gun handling?  
Answer: Always keep the gun unloaded until ready to use.

**Rules for Safe Use.**

- Know the target and what is beyond.
- Be sure the gun is safe to operate.
- Know how to use the gun properly: Must know the basic parts; how to safely open and close the action; and remove ammunition.
- Use only correct ammunition for your gun.
- Wear eye and ear protection.
- Never use alcohol or drugs before or during shooting.

**General Safety Rules.** Ask shooters to read the rules as you point to range posters.

- Know and obey all range commands
- Know where others are at all times
- Shoot only at authorized targets.
- Do not handle gun or stand at firing line where guns are present when others are downrange.
- Stop shooting immediately on command "Cease Firing."

**Stoppages.** Explain the 3 common ammunition stoppages.

- **Misfire.** Cartridge does not fire after primer has been struck.
- **Hangfire.** A perceptible delay in ignition after primer has been struck.
- Procedure for handling misfires and hangfires is:
- Keep gun pointed downrange.

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- Wait at least 30 seconds.
- **Squib load.** There is less than normal pressure after ignition and bullet may not exit barrel or lands short of target.
- Procedure for handling squib load:
- Keep gun pointed downrange.
- Unload the gun--make sure chamber is empty.
- Insert cleaning rod down barrel to ensure bullet is not lodged in barrel.

**Range Specific Rules.**

- Notify the RSO if there is a stoppage, squib load, malfunction or unsafe practice.
- All guns must remain unloaded with action open except when on firing line and authorized to be loaded.
- Firing cannot be more than one round per second--firing so rapidly that it does not allow proper sight alignment.
- Firing from the hip, quick draw or "gangster style" is not permitted.
- Guns without sights are not allowed on the range.
- Do not pick up dropped ammunition from ground while at firing line.

**Administrative Range Rules.**

- At the end of the shooting period, pick up expended cartridges and other debris from your firing point and put in brass and trash containers.
- Record name and time at register before shooting.

**Hygiene Rules.**

- Wash hands and face with cold water after leaving range or cleaning area and before eating and drinking.
- Change and wash clothes after shooting and gun cleaning.
- Keep hands from mouth during shooting and cleaning.

5. **Firing Line Commands.** State and explain the standard range commands that will be used.

- **The range is open**--The range is available to be used.
- **Take your positions on the firing line**--Shooters move to their firing point and set up to begin shooting.
- **Protective Gear on**--Put on eye and ear protection.
- **Is the line ready?**--Allows shooters who are not ready to raise their hand and ask for time or assistance.
- **Load**--Insert magazines or load cylinders

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- **Commence Firing**--Shooters aim at targets and begin firing.
- **Cease Fire**--Shooters cease firing immediately, open actions, remove magazine or clear cylinders, put gun on SAFE and show clear to the RSO--then step behind Ready Line. No one may touch firearms during Cease Fire.
- **Show Clear**--shooter shows RSO that chamber is empty and action open and puts gun on bench.
- **Range is clear. Go downrange and check targets**--Shooters may check or remove targets. All others must remain behind Ready Line.

6. **Emergency Procedures.**

- Call "Cease Fire" immediately and command "Unload" and "Show Clear" and rack all guns.
- RSO follows Emergency Response Checklist (Appendix F of SOP).
- RSO takes charge of the situation--determines seriousness of injury and assigns duties.
- RSO or designated person renders aid--gets 1st Aid kit.
- RSO assigns responsible person to call 911 by cell-phone. If injury involves a gun shot--sheriff or police must be notified.
- RSO assigns responsible to secure injured person's gear.
- RSO assigns range personnel or responsible person to be at gate to direct emergency personnel to range.
- RSO assigns responsible adult to complete Injury Report form (Appendix G of SOP) and obtain witness information.

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APPENDIX C  
RANGE SAFETY OFFICER QUALIFICATION PROCEDURE

1. **Opportunities and Selection.** Organization members who are experienced shooters and desire to be Range Safety Officers (RSO) may notify the Chief Range Safety Officer (CRSO) or Range Manager. They in turn will contact the executive committee. The committee will decide and make a conditional appointment which will be announced by the president.

2. **State Criminal Background Check.** The candidate must complete and submit a State criminal background check. Once the check is complete and approved, the training process begins.

3. **NRA Range Safety Officer Certification.** The candidate must complete and be certified as an NRA Range Safety Officer. This course can be done at a formal course or by self-study.

4. **Specific Range Qualification.** Concurrent with or following the NRA certification, the candidate must qualify on specific ranges. To be qualified to supervise each range, the candidate must be mentored by a qualified RSO for that range and rated by the CRSO.

The training will consist of at least 10 hours including the following:

- Range inspection and equipment maintenance (trap machine, targets, etc)
- Open and close the range.
- Familiarity with the range SOP.
- Conduct Range Safety Briefing.
- Serve as Assistant RSO 3 times
- Serve twice as RSO (under supervision of CRSO or qualified RSO)

5. **Qualification.** Once the requirements in paragraph 4 are met, the CRSO provides conditional qualification for 3 months. If the candidate performs duties safely and professionally during that period, full qualification for that range is granted. To gain qualification for other ranges, the requirements at paragraph 4 must be accomplished for each type range.

6. **Revocation of privilege.** RSO qualification may be revoked by the organization executive committee on recommendation of the RSO for following reasons--failure to follow organization policies and procedures (to include range rules); negligence; conviction of a felony; performing duties under the influence of alcohol or drugs; malfeasance. Should the RSO may resign by notifying the executive committee in writing.

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at [www.scouting.org/forms](http://www.scouting.org/forms).

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting seguro* se encuentran disponibles para descargar desde Scouting Safely en [www.scouting.org/forms](http://www.scouting.org/forms).

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido	Birth date (month/day/year) ____/____/____ Fecha de nacimiento (día/mes/año)	Age during activity Edad al momento de realizar la actividad
Address Domicilio				
City Ciudad	State Estado		Zip Código postal	

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.)  
Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)

From \_\_\_\_\_ to \_\_\_\_\_  
De \_\_\_\_\_ (Date) a \_\_\_\_\_ (Date)  
(fecha) (fecha)

☐ Without restrictions  
Sin restricciones

☐ Special considerations or restrictions:  
Consideraciones o restricciones especiales:

### HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

### ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquier y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant's signature Firma del participante		Date Fecha
Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha

Area code and telephone number (best contact and emergency contact)  
Código de área y número telefónico (primer contacto y contacto de emergencia)

Email (for use in sharing more details about the trip or activity)  
Correo electrónico (para más detalles sobre el viaje o actividad)

Contact the adult tour leader with any questions:  
Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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680-673  
2012 Printing

# TOUR PLANNING WORKSHEET

For office use

Tour plan No. \_\_\_\_\_ Date received \_\_\_\_\_ Date reviewed \_\_\_\_\_

Date \_\_\_\_\_

☐ Pack ☐ Troop/team ☐ Crew ☐ Contingent unit/crew Unit No. \_\_\_\_\_ Chartered organization \_\_\_\_\_

Council name/No. \_\_\_\_\_ / \_\_\_\_\_ District \_\_\_\_\_

Purpose of this trip is \_\_\_\_\_

From (city and state) \_\_\_\_\_ to \_\_\_\_\_

Mileage round trip \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Total days \_\_\_\_\_

**Itinerary:** It is required that the following information be provided for *each day* of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	✓
	From	To			

**Type of trip:** ☐ Day trip ☐ Short-term camp (less than 72 hours) ☐ Other (OA Weekend, etc.) \_\_\_\_\_  
☐ Long-term camp (longer than 72 hours) ☐ High-adventure activities

<b>Party will consist of (number):</b> _____ Cub Scouts    _____ Boy Scouts    _____ Varsity Scouts _____ Venturers—male    _____ Venturers—female _____ Adults—male    _____ Adults—female <u>0</u> Total	<b>Party will travel by (check all that apply):</b> <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Canoe <input type="checkbox"/> Van <input type="checkbox"/> Boat <input type="checkbox"/> Foot <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____
---	--

**Leadership and Youth Protection Training:** Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed **BSA Youth Protection training**. At least one registered adult who has completed BSA Youth Protection training must be present at all events and activities. Youth Protection training is valid for two years from the date completed.

Adult leader responsible for this group (must be at least 21 years old):

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_ Member No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection training date \_\_\_\_\_

Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews):

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_ Member No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection training date \_\_\_\_\_

**Attach a list with additional names and information as outlined above.**

☐ Our travel equipment will include a first-aid kit and a roadside emergency kit.

☐ The group will have in possession an Annual Health and Medical Record for every participant.

We certify that appropriate planning has been conducted using the Sweet 16 of BSA Safety, qualified and trained supervision is in place, **permissions** are secured, health records have been reviewed, and adult leaders have read and are in possession of a current copy of **Guide to Safe Scouting** and other appropriate resources.

Committee chair or chartered organization representative

Adult leader

Unit single point of contact (not on tour) name \_\_\_\_\_ Telephone \_\_\_\_\_



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**Tour involves:** ☐ Swimming ☐ Boating ☐ Climbing ☐ Orientation flights (attach **Flying Plan** required)  
☐ Wilderness or backcountry (must carry **Wilderness Use Policy** and follow principles of **Leave No Trace**)  
☐ Other (specify) \_\_\_\_\_

**Activity Standards:** Where swimming or boating is included in the program, **Safe Swim Defense** and/or **Safety Afloat** are to be followed. If climbing/rappelling is included, then **Climb On Safely** must be followed. At least one person must be current in CPR/AED from any recognized agency to meet **Safety Afloat** and **Climb On Safely** guidelines. At least one adult on a pack overnigher must have completed **Basic Adult Leader Outdoor Orientation (BALOO)**. At least one adult must have completed **Planning and Preparing for Hazardous Weather** training for all tours and activities. Basic First Aid is recommended for all tours, and **Wilderness First Aid** is recommended for all backcountry tours.

Expiration date of commitment card/training (two years from completion date)							Three-year validity	
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO (no expiration)	Safe Swim Defense	Safety Afloat	Aquatics Supervision/Paddlecraft Safety	Aquatics Supervision/Swimming and Water Rescue

  

Name	Age	CPR Certification/Agency	CPR Expiration Date	First-Aid Certification/Agency	First Aid Expiration Date

  

Name	Age	NRA Instructor and/or RSO	
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun

**Unauthorized and Restricted Activities:** The BSA's general liability policy provides coverage for bodily injury or property damage that is made and arises out of an official Scouting activity as defined by the *Guide to Safe Scouting*. Volunteers, units, chartered organizations, and local councils that engage in unauthorized activities are jeopardizing their insurance coverage. PLEASE DO NOT PUT YOURSELF AT RISK.

#### INSURANCE

**All vehicles MUST be covered by a liability and property damage insurance policy.** The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF SAFETY BELTS	OWNER'S NAME	VALID DRIVER'S LICENSE (Y or N)	All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.	LIABILITY INSURANCE COVERAGE		
					Each Person	Each Accident	PROPERTY DAMAGE
					\$	\$	\$

If the vehicle to be used is designed to carry more than 15 people (including the driver), the driver must have a valid commercial driver's license (CDL). In some states (California, for example), this policy applies to drivers of vehicles designed to carry 10 or more people.

Name \_\_\_\_\_ CDL expires \_\_\_\_\_

Name \_\_\_\_\_ CDL expires \_\_\_\_\_

The local council may allow a list of the above information to be attached to or transmitted with the tour plan in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

# TOUR PLAN

☐ Pack ☐ Troop/team ☐ Crew ☐ Contingent unit/crew No. \_\_\_\_\_

Chartered organization \_\_\_\_\_

Council name/No. \_\_\_\_\_

Plan covers all travel between \_\_\_\_\_ and \_\_\_\_\_.

Dates of trip from \_\_\_\_\_ to \_\_\_\_\_.

Total youth \_\_\_\_\_ Total adults \_\_\_\_\_

Tour plan No. \_\_\_\_\_

Date reviewed \_\_\_\_\_

**Council stamp/signatures**

**Itinerary:** It is required that the following information be provided for *each day* of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	✓
	From	To			

Adult leader responsible for this group:

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_ Member No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection training date \_\_\_\_\_

Assistant adult leader:

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_ Member No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection training date \_\_\_\_\_

Unit single point of contact (not on tour) name \_\_\_\_\_ Telephone \_\_\_\_\_



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The tour plan is an important tool for conducting local, national, or international activities and is a checklist for best practices to be prepared for safe and fun adventure. Completing the tour plan may not address all possible challenges but can help to ensure that appropriate planning has been conducted, that qualified and trained leadership is in place, and that the right equipment is available for the adventure. In addition, the plan helps to organize safe and appropriate transportation to and from an event, and defines driver qualifications and minimum limits of insurance coverage for drivers and vehicles used to transport participants.

Times when a tour plan must be submitted for council review include:

- Trips of 500 miles or more
- Trips outside of council borders not to a council-owned property
- Trips to any national high-adventure base, national Scout jamboree, National Order of the Arrow Conference, or regionally sponsored event
- When conducting the following activities outside of council or district events:
  - Aquatics activities (swimming, boating, floating, scuba, etc.)
  - Climbing and rappelling
  - Orientation flights (process flying plan)
  - Shooting sports
  - Any activities involving motorized vehicles as part of the program (snowmobiles, boating, etc.)
- At a council's request

Please complete and submit this plan at least 21 days in advance to ensure your council has enough time to review the plan and assist you in updating the plan if it is found defective. When review is complete, the second half of the plan is returned to you to carry on your travels.

## TRANSPORTATION GUIDELINES

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.

2. If by motor vehicle:

a. *Driver Qualifications:* All drivers must have a valid driver's license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver's license (CDL). In some states (for example, California), this guideline applies to 10 or more people.

Name: \_\_\_\_\_

CDL expiration date \_\_\_\_\_

Name: \_\_\_\_\_

CDL expiration date \_\_\_\_\_

c. Driving time is limited to a maximum of 10 hours in one 24-hour period and must be interrupted by frequent rest, food, and recreation stops.

d. Safety belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, when not required by law.

e. Passengers will ride only in the cab if trucks are used.

## OUR PLEDGE OF PERFORMANCE

1. We will submit changes to notify the local council in the event our itinerary changes.

2. We will plan our activities by and adhere to the policies contained in the Guide to Safe Scouting and the Sweet 16 of BSA Safety.

3. We will use the Safe Swim Defense in any swimming activity, Safety Afloat in all craft activity on the water, and Climb On Safely for climbing activity.

4. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.

5. We will apply for a fire permit from local authorities in all areas where it is required.

6. We will be certain that fires are attended at all times.

7. We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdiness or un-Scoutlike conduct, keeping a constant check on all members of our group.

8. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.

9. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.

10. We will not deface natural or man-made objects.

11. We will respect the property of others and will not trespass.

12. We will not cut standing trees or shrubs without specific permission from the landowner or manager.

13. We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy of the BSA.

14. We will notify, in case of emergency, our local council Scout executive, our parents, and our single point of contact.

15. If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RANGE STANDARD OPERATING PROCEDURES (RSOP)  
APPENDIX F  
EMERGENCY RESPONSE CHECKLIST

Effective date \_\_\_\_\_

**EMERGENCY COMMUNICATIONS**

Contact	Pri Phone Number	Secondary Phone Number	Pri Freq	Sec Freq
EMS	_____	_____	_____	_____
Police	_____	_____	_____	_____
Fire	_____	_____	_____	_____
Poison Control	_____	_____	_____	_____
Range	_____	_____	_____	_____
Cell Ph	_____	_____	_____	_____

**IMMEDIATE RESPONSE FOR INJURIES OR ILLNESS**

\_\_\_ Call "Cease Fire" if the injured is near the firing line or downrange.  
\_\_\_ Ensure that all guns are unloaded and clear.  
\_\_\_ Designate person to coordinate edging or pulling of targets, if possible,  
and securing the scene & injured person's gear.  
\_\_\_ Designate person to notify EMS from nearest phone/radio located at  
\_\_\_\_\_ and provide following info:

1. Specific location or address of incident with directions.

Location \_\_\_\_\_

Address \_\_\_\_\_

Directions \_\_\_\_\_

2. Telephone number you are calling from \_\_\_\_\_

3. Your Name \_\_\_\_\_

4. What happened and possible hazards for rescuers \_\_\_\_\_

5. Number of people ill or injured \_\_\_\_\_

6. Condition of ill or injured \_\_\_\_\_

7. 1st Aid provided \_\_\_\_\_

\_\_\_\_\_

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RANGE STANDARD OPERATING PROCEDURES (RSOP)

Wait for EMS to hang up first. Return to the injured and continue care until EMS arrives.

If Injury or illness occurs--complete Injury Report Form at Appendix G.

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RANGE STANDARD OPERATING PROCEDURES (RSOP)  
APPENDIX G  
INJURY REPORT FORM

Name \_\_\_\_\_ Date of Injury \_\_\_\_\_  
Address \_\_\_\_\_ Time of Injury \_\_\_\_\_  
\_\_\_\_\_

Tel number (day): \_\_\_\_\_ Tel number (night) \_\_\_\_\_

1. Describe nature and extent of injury (specify body parts) \_\_\_\_\_  
\_\_\_\_\_

2. Describe how injury occurred: \_\_\_\_\_  
\_\_\_\_\_

3. Describe how 1st Aid given \_\_\_\_\_  
\_\_\_\_\_

4. 1st Aid was provided by (give names, phone) \_\_\_\_\_  
\_\_\_\_\_

5. Disposition (medical facility, phone, time of transport) \_\_\_\_\_  
\_\_\_\_\_

6. Notification of next of kin (time, person contacted and method) \_\_\_\_\_  
\_\_\_\_\_

7. Location of incident and conditions of area \_\_\_\_\_  
\_\_\_\_\_

8. Protective equipment worn \_\_\_\_\_  
\_\_\_\_\_

9. Describe steps take to preserve scene (photos, equipment, guards, etc) \_\_\_\_\_  
\_\_\_\_\_

10. Witness statements: Interview witness separately and attach statements shown at Tab  
A to this appendix.

A. Witness name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (night ) \_\_\_\_\_

B. Witness name \_\_\_\_\_

Address \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (night) \_\_\_\_\_

If more witnesses--add additional papers.

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RANGE STANDARD OPERATING PROCEDURES (RSOP)

11. Complete Emergency Report form at Appendix F.

12. Notes and comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Injury Report completed by:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Signature \_\_\_\_\_

14. Disposition and Follow-up \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

TRAPPER TRAILS COUNCIL  
SHOOTING SPORTS POLICY  
RANGE STANDARD OPERATING PROCEDURES (RSOP)  
TAB A TO APPENDIX G  
WITNESS STATEMENT

Name of person making statement \_\_\_\_\_

Address:

Phone:

e-mail:

Signature \_\_\_\_\_

Statement: