

Weekly Report

## Outdoor Gun Range Inspection Checklist

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

Approximate time of day \_\_\_\_\_

	Range #	Yes	No
Controlled Access/Gates Closed	_____	_____	_____
Backstop/Impact Area Inspected	_____	_____	_____
Target Frames/Mounts in Good Repair	_____	_____	_____
Range Rules Posted	_____	_____	_____
Empty Trash Receptacles Available	_____	_____	_____
Brass/Dud Area Identified/Labeled	_____	_____	_____
Lockable Storage Areas Inspected	_____	_____	_____
Firing lines clear	_____	_____	_____
First-Aid Kit Filled/Accessible	_____	_____	_____

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

RSO Committee Members:

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