



Range Safety Checklist

Carson City Rifle & Pistol Range
4000 Flint Dr. Carson City NV 89701



www.carsonrapc.org

Date: _____ Day of the Week: _____ RSO: _____

Arrival Time: _____ Leaving Time: _____ # of hours _____

Long Range / Rifle Line Inspection:

- | Yes | No | NOTE: |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Range Clean _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Cans Empty _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs Posted _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | UNAuthorized targets _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | * Signs Damaged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Covered Area Damaged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Shooting Benches Damaged _____ |

User count _____

Time of count: _____

Short Range / Pistol Line Inspection:

- | Yes | No | NOTE: |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Range Clean _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Cans Empty _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs Posted _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | UNAuthorized targets _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | * Signs Damaged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Covered Area Damaged _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Shooting Benches Damaged _____ |

User count _____

Time of count: _____

Private Shooting Bays Inspection:

- | Yes | No | NOTE: |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Open – if yes to who _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Range Clean _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Cans Empty _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | * Signs Posted _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | UNAuthorized targets _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Signs Damaged _____ |

User count _____

Time of count: _____

Restrooms:

- | Yes | No | NOTE: |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Clean _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | T. P. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Closet _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vault need pumping (notify city) |
| <input type="checkbox"/> | <input type="checkbox"/> | * Any injuries reported |

Notes:

* Complete CARSON CITY LIABILITY & PROPERTY LOSS REPORT FORM – and forward to info@carsonrapc.org and JBudge@carson.org