

<b>U.S. ARMY ABBREVIATED GROUND ACCIDENT REPORT(AGAR)</b> For use of this form, see AR 385-40 and DA Pamphlet 385-40; the proponent agency is OCSA										REQUIREMENTS CONTROL SYMBOL CSOCS-308	
1. TIME & DATE OF ACCIDENT		a. Yr <b>2020</b>	b. Mth <b>9</b>	c. Day <b>15</b>	d. Time <b>1415</b>	2. PERIOD OF DAY <input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Dusk <input type="checkbox"/> Dawn		3. ACDT CLASS <b>D</b>	4. COMBAT STATUS <input type="checkbox"/> Combat <input checked="" type="checkbox"/> Non-Combat		
5. UNIT IDENTIFICATION		a. UIC (6-digit Code) <b>W0VF36</b>			b. Unit Address <b>DES/ Police - 1668 22nd Street BLDG 2396, Fort Polk, LA 71459</b>			c. Unit's Branch <b>XX</b>		5d. Army HQ's <b>IMCOM</b>	
6. LOCATION OF ACCIDENT		a. Exact Location <b>Leesville Police Range</b>					b. Type Location <b>D1</b>		6c. Grid Coordinates/Lat-Long <b>(31°6'51" N, 93°15'14" W)</b>		
d. State/Country <b>Louisiana / United States</b>			e. <input checked="" type="checkbox"/> Off Post <input type="checkbox"/> On Post Name:						7. EXPLOSIVES/AMMO INVOLVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. MISSION		a. Briefly describe the mission. <b>Law Enforcement Weapon Training and Qualification (LEWTAQ) / Rifle Course of Fire.</b>								b. METL Task? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. VEHICLE/EQUIPMENT/MATERIEL INVOLVED											
#1	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
			<b>M17</b>		<b>TF080413</b>		<b>Army</b>		<b>\$0</b>		
	Materiel Failure/Malfunction Information (Blks 9g-9l)										
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code		l. EIR/QDR Submitted
											<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	a. Type of Item (Nomenclature)		b. Make/Model #		c. Serial #		d. Ownership		e. Estimated Cost of Damage		f. Vehicle Collision
			<b>9MM Round</b>				<b>Army</b>		<b>\$0</b>		
	Materiel Failure/Malfunction Information (Blks 9g-9l)										
	g. Failure Mode		h. Part Nomenclature		i. Part #		j. Part NSN		k. Part Manufacturer Code		l. EIR/QDR Submitted
											<input type="checkbox"/> Yes <input type="checkbox"/> No
10. WHY DID THE MATERIEL FAIL/MALFUNCTION? (Check the root cause(s) in Blk 10a. In Blk 10b, explain how the root cause(s) led to the materiel failure/malfunction.) <i>Note: Field 10(a) applies to the first materiel on this page (# 1).</i>										b. Describe how the materiel failed/malfunctioned and explain why (root cause).	
a.	LEADER (Not ready, willing, or able to enforce standards)		STDs/PROCEDURES (Not clear, Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/ services/facilities)						
<input type="checkbox"/>	Direct Supervision		<input type="checkbox"/>	AR <input type="checkbox"/> SOP	<input type="checkbox"/> Equip/Materiel Improperly Designed		<input type="checkbox"/> Inadequate Manufacture				
<input type="checkbox"/>	Unit Command Supervision		<input type="checkbox"/>	TM <input type="checkbox"/> Other	<input type="checkbox"/> Equip/Materiel Not Provided		<input type="checkbox"/> Inadequate Maintenance				
<input type="checkbox"/>	Higher Command Supervision		<input type="checkbox"/>	FM <input type="checkbox"/> None Exists	<input type="checkbox"/> Inadequate Facilities/Services		<input type="checkbox"/> Other				
11a. NAME (Last, First, MI) (Include Address and UIC if different than Blks 5a and 5b) <b>(b) (6)</b>				12. SSN <b>(b) (6)</b>		13a. PERSONNEL CLASSIFICATION <b>Army Civilian</b>			13b. DATE ASSIGNED/HIRED (YYYYMMDD) <b>(b) (6)</b>		
11b. HOME ADDRESS <b>(b) (6)</b>				13c. DATE OF REDEPLOYMENT FROM COMBAT ZONE. IF APPLICABLE (YYYYMMDD)		14. MOS/JOB SERIES <b>0083</b>		15a. DUTY STATUS <input checked="" type="checkbox"/> On-duty <input type="checkbox"/> Off-duty		15b. IF OFF DUTY (if on leave /pass) <input type="checkbox"/> Leave <input type="checkbox"/> Pass Date from (YYYYMMDD) Date to (YYYYMMDD)	
				16. DOB (YYYYMMDD) <b>(b) (6)</b>		17. GENDER <b>(b) (6)</b>		18. PAY GRADE <b>(b) (6)</b>		19. FLIGHT STATUS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

20. MOST SEVERE INJURY(See Instructions)		a. Degree <u>F</u> Date of Death(YYYYMMDD) _____		b. Type <u>M</u>		c. Body Part <u>Q</u>		d. Cause <u>B</u>					
21. LOST TIME		ACTIVITY OF INDIVIDUAL Provide code (from list in instructions) and describe in space below.											
a. Days Hospitalized <u>0</u>		23. ACTIVITY CODE (If activity is parachuting, complete Blk 38)  <u>D</u>		24. SPECIFIC DESCRIPTION OF ACTIVITY/TASK <u>Law Enforcement Weapon Training and Qualification (LEWTAQ) / Rifle Course of Fire. During the Rifle to Pistol transition the last iteration of fire, the officer had a discharge of the pistol during the drawing from the holster.</u>									
b. Days lost not Hospitalized <u>0</u>													
c. Days Restricted <u>0</u>													
d. Treated in ER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
22a. OSHA Log 300 Case No.													
b. Name of Physician <u>(b) (6)</u>													
c. Name and Address of Treatment Facility <u>Bayne-Jones Army Community Hospital</u> <u>1585 3rd St, Fort Polk, LA 71459</u> <u>Fort Polk, LA 71459</u>													
25. PERSONAL PROTECTIVE EQUIPMENT		AVAILABLE?		USED?		N/A		26. ALCOHOL/DRUGS CAUSE/CONT		27. EQUIP THIS PERSON WAS ASSOCIATED WITH?			
CHECK APPROPRIATE BLOCK(S)		Yes	No	Yes	No			(b)(5) Yes BAC % (b)(5) No (b)(5) Unknown		(Enter Item No. from Blk 9) <u>1,2</u>			
<input type="checkbox"/> a. Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			28a. LICENSED TO OPERATE EQUIPMENT		28b. MANDATORY 4hr TRAFFIC SAFETY TRAINING		
<input type="checkbox"/> b. Restraint System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Date: _____		
<input type="checkbox"/> c. Goggles/glasses/visor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			28c. MSF CERTIFIED		29. DUTY HOURS		
<input type="checkbox"/> d. Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date: _____		a. Time work began (e.g., 0645): <u>0800</u>		
<input type="checkbox"/> e. Ear Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					b. Continuous hours: <u>0</u>		
<input type="checkbox"/> f. IBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<input checked="" type="checkbox"/> g. Other (Specify) <u>Level III Body Armor</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			30. HRS SLEEP LAST 24 <u>8</u>		31. TACTICAL TRAINING		
<input type="checkbox"/> h. Helmet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. TYPE TRAINING FACILITY		
DOT Approved (if Motorcycle)? Yes <input type="checkbox"/> No <input type="checkbox"/>										G - Range/Live Fire		33. LAST TRAINING	
												3-6 Months	
34. FIELD EXERCISE/NAMED OPERATION													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide name: _____													
35. NIGHT VISION SYSTEM USED													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide type: _____													
36. DID INDIVIDUAL MAKE A MISTAKE THAT CAUSED/CONTRIBUTED TO ACCIDENT OR SEVERITY OF INJURY/DAMAGE? In Blk a, indicate if individual made a mistake. If yes, provide the code (from instructions) in Blk b and describe in Blk c.													
a. Mistake		c. Tell what the mistake was and how it caused/contributed to the accident or severity of injury/damage.											
(b)(5) Yes (b)(5) No		(b)(5)											
b. Code		(b)(5)											
37. WHY WAS THE MISTAKE MADE? (ROOT CAUSE) (Check the root cause(s) in Blk a. In Blk b, tell how the root cause(s) led to the mistake.)													
a.		LEADER (Not ready, willing, or able to enforce standards)		TRAINING (Insufficient in Content/Amount)		STDS/PROCEDURES (Not clear/Not practical)		SUPPORT (Shortcomings in type, capability, amount or condition of equip/supplies/services/facilities)		INDIVIDUAL (Mistake due to own personal factors)			
(b)(5)		Direct Supervision		(b)(5) School		(b)(5) AR (b)(5) SOP		(b)(5) Equip/Materiel Improperly Designed		(b)(5) Inadequate Manufacture		(b)(5) Poor/Bad Attitude (b)(5) Fatigue	
		Unit Command Supervision				TM		Equip/Materiel Not Provided		Inadequate Maintenance		Overconfident Alcohol, Drugs	
		Higher Command Supervision		Experience OJT		FM		Inadequate Facilities/Services		Other		In a Hurry Fear/Excitement	

37b. Describe root cause(s) (reason) and tell how it/they caused the mistake.

(b) (5)

38. PARACHUTE INFORMATION FOR PERSON LISTED IN BLK 11.

a. Jumper Height	g. Wind Direction/Speed at	m. Type of Last Jump	39. ENVIRONMENTAL CONDITIONS a. Present: #1 <u>A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #2 <u>I</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk #3 <u>  </u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk b. Caused/Contributed: #1 <u>A</u> (b) (5) Yes (b) (5) No (b) (5) Unk #2 <u>I</u> Yes No Unk #3 <u>  </u> Yes No Unk
b. Jumper Weight	Jump Height      Drop Zone	n. Number of Previous Jumps	
c. Type of Jump	h. Jump Altitude	o. Date Graduated Basic Airborne Training (YYYYMMDD)	
d. Parachute Type/Model	i. Position in Stick	p. Type Aircraft	
e. Equipment	j. Door Exited	q. Accident Factors (parachute): (Explain as necessary)	
f. Wt. of Equipment	k. Time Pre-jump Conducted		
	l. Date of Last Jump		

40. PROVIDE BRIEF SYNOPSIS OF ACDT (Use additional sheets if required) (Explain sequence of events, tell how acdt happened.)

Law Enforcement Weapon Training and Qualification (LEWTAQ) / Rifle Course of Fire. During the Rifle to Pistol transition the last iteration of fire, the officer had a discharge of the pistol during the drawing from the holster. A cease fire was immediately given by the Range Safety Officer. The officer walked back to the medical vehicle where the injury was assessed and bandaged. The officer was then transported to Bayne-Jones Army Community Hospital.

41. CORRECTIVE ACTION(S) TAKEN OR PLANNED

UNIT LEVEL (b)(5)

HIGHER LEVEL: NONE  
(see continuation sheet)

42. EXPLOSIVE/AMMUNITION INFORMATION	ITEM 1	ITEM 2	ITEM 3	ITEM 4
a. Lot#	19A062-031			
b. Quantity	1			
c. Net Explosive Weight (NEW)				
d. DoDIC/DoDAC	AA49			

43. POINT OF CONTACT INFORMATION ON THE ACCIDENT

a. Name (Last, First, MI) , Rank Position/Title (b) (6)	b. Telephone No. DSN: (b) (6) COM: <u>                    </u>
	c. Email Address: (b) (6)

44. COMMAND REVIEW	a. Name (b) (6)	b. Signature (b) (6)	c. Rank (b) (6)	d. Date (YYYYMMDD) 20200923
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45. SAFETY OFFICE REVIEW	a. Name, Rank & Title (b) (6)	b. Phone Number (b) (6)
c. Email Address (b) (6)	d. Date Reviewed (YYYYMMDD) 20201005	e. Local Report No. (Safety Office use only)

41. CORRECTIVE ACTIONS TAKEN OR PLANNED (CONTINUED).

ARMY LEVEL: NONE



DEPARTMENT OF THE ARMY  
DAY LAW ENFORCEMENT RIFLE QUALIFICATION SCORECARD  
For use of this form, see ST 19-LEWTAQ; the proponent agency is USAMPS

NAME (Last, First MI):

UNIT:

Rank:

Date:

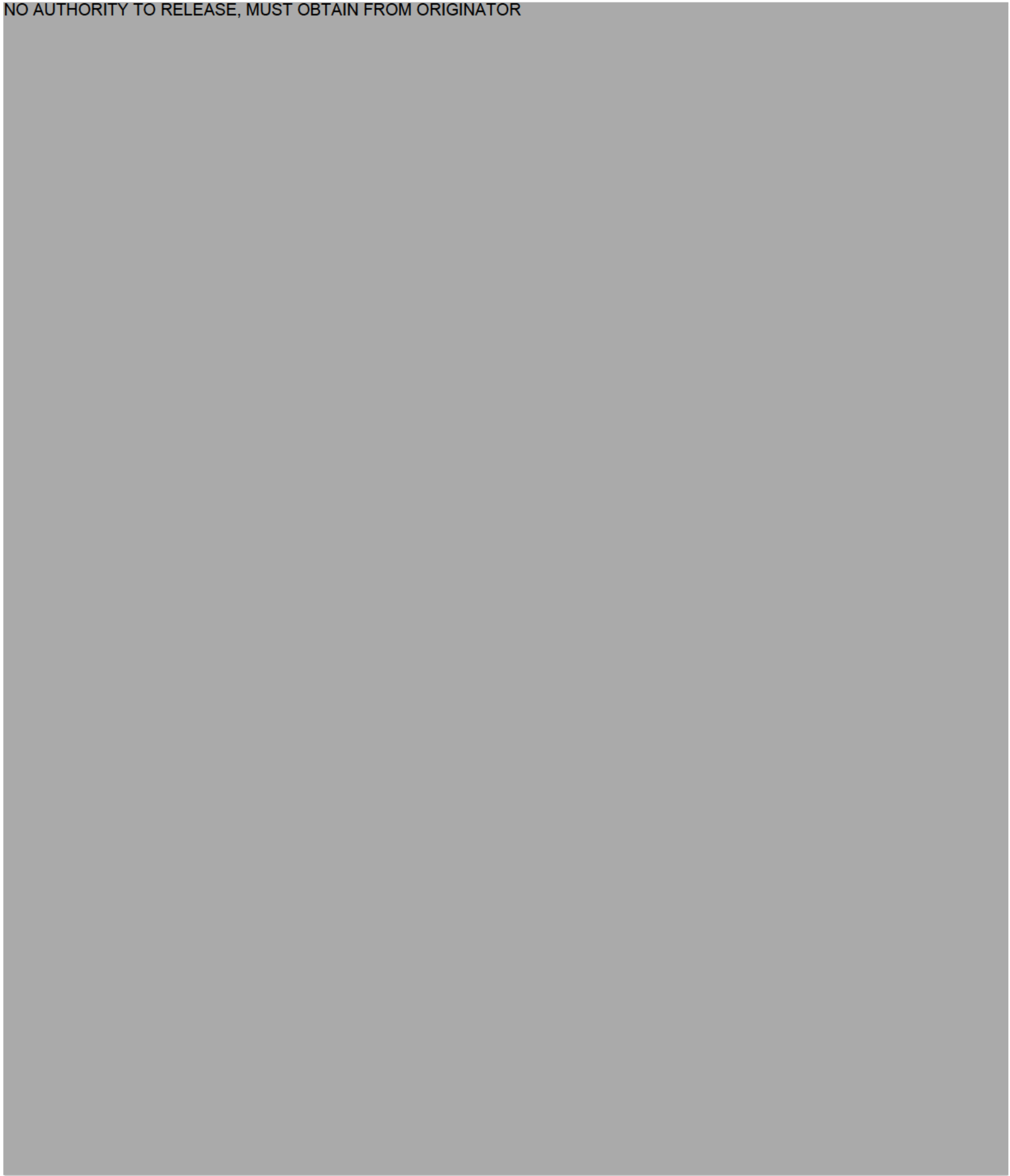
Station	Task	Position	Distance	# Event Rnds	Time	Hit Body	Miss	PTM	Hit Head	Notes:
	Reload	Stand, Kneel, Prone	50m	6	20					
	Patrol Ready (Amber), Run	Stand, Kneel	50-25m	4	15					
	Rapid Incapacitating Shot	Standing, Low Ready	25m	1	2					
	Controlled Pair	Standing, Low Ready	15m	2	1.5					
	Controlled Pair	Standing, Low Ready	15m	2	1.5					
	Rifle to Pistol Transition	Standing, Low Ready	10m	4	7					
	Pivot Left	Standing, Sul	10m	2	3					2 rounds rifle. 2 rounds pistol.
	Pivot Right	Standing, Sul	10m	2	3					
	Move and Shoot	Standing, Low Ready	10 to 3m	2	3					
	Move and Shoot with Failure Drill	Standing, Low Ready	10 to 3m	3	4					
	Multiple Shot Engagement	Standing, Low Ready	7m	5	2					
	Move and Shoot with Failure Drill	Standing, Low Ready	7 to 3m	3	3					
	Rifle to Pistol Transition	Standing, Low Ready	5m	4	5					2 rounds rifle. 2 rounds pistol.
						Total Body:		Total Head:		Score:
										Expert SS Marksman Unqual
										Circle one above

rifle rounds, 4 pistol rounds, 5 rifle magazines and 1 pistol magazine required. Rifle mag 1, 2, and 3 loaded with 2 rounds each. Rifle mag 4 loaded w/11 rounds. Mag 5 loaded with rounds. Pistol magazine loaded with 4 rounds. Qualification standards do not change if local policy prohibits weapons from being loaded. Target is Omaha Q target. PTM = protimer. Full table alibis (reshoot entire table) are only granted if a proper transition drill is executed during any interruption in the cycle of the rifle (malfunction, run dry, etc.), otherwise y hits fired during the table are counted during scoring. 38-40 is Expert (96%). 34-37 is Sharp Shooter (85%). 28-33 is Marksman (70%). 27 and below is unqualified. . Shots fired er time are subtracted from score. Alibi: Shooter must execute proper immediate action to get opportunity to refire tables where alibi is experienced. All rounds are marked where alibi was experienced and the table is refired.

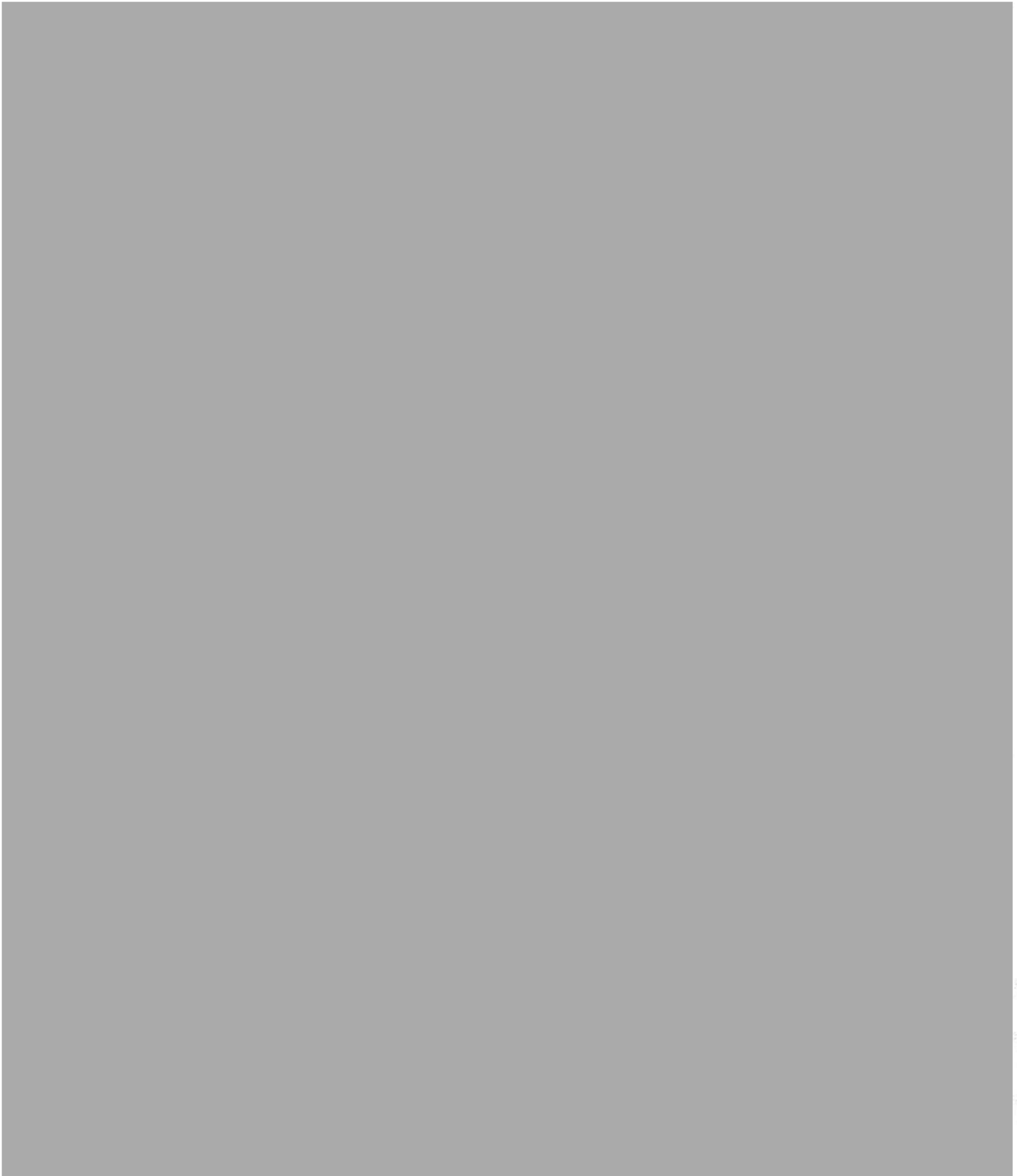
Officer's Signature	Date (YYYYMMDD)	Certifying Official	Date (YYYYMMDD)
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**Dispatch Agency: LEESVILLE POLICE DEPARTMENT Call Number: 2020090333**

NO AUTHORITY TO RELEASE, MUST OBTAIN FROM ORIGINATOR



# LEESVILLE POLICE DEPARTMENT

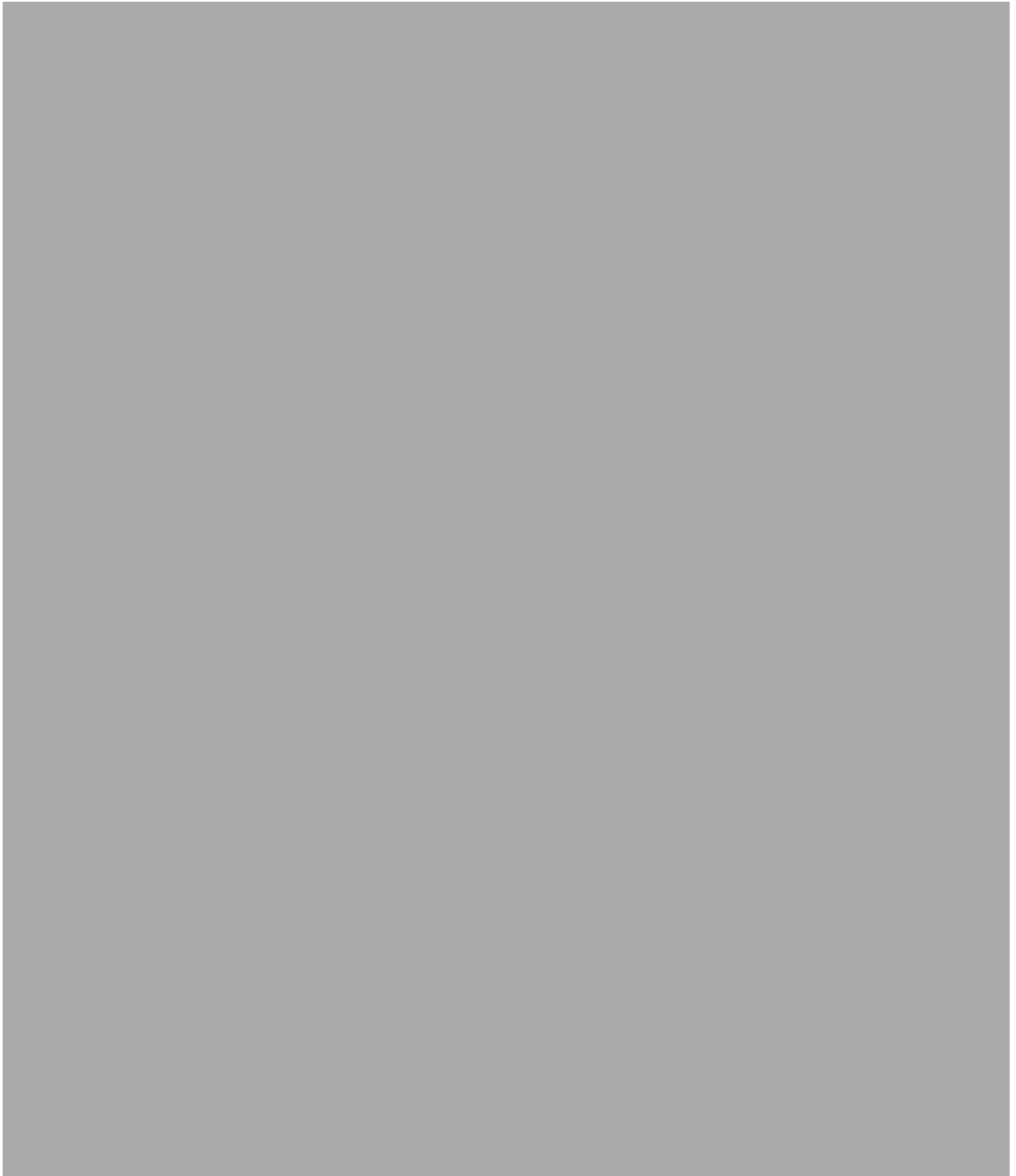


# LEESVILLE POLICE DEPARTMENT





# LEESVILLE POLICE DEPARTMENT



# LEESVILLE POLICE DEPARTMENT













1. Organization and Unit Location: Fort Polk DES, DA Civilian Police and Security Guards										2. Page		1		of		4							
3. Mission/Task: Sig 320 Day, 9mm CBRN, 9mm Night Fire, M4 Day, CBRN & Night, 12ga Qual										4. DTG Begin: 130015Sept2020				5. DTG End: 210016Sept2020				6. Date Prepared: 14Sept2020					
7. Operational Phase in which the Mission/Task will be conducted: QUALIFICATION TABLES																							
8. Prepared by: (Name/Rank/Duty Position) (b) (6)																							
9. Identified Hazards:				10. Assess the Hazards: Initial Risk: (Must Be Filled In By Hand)				11. Developed Control Measures for Identified Hazards: (Specific measures taken to reduce the probability and severity of a hazard)				12. Make Risk Decisions: Remaining Risk: (Must Be Filled In By Hand)				13. How to Implement the Controls: (Include SOPs and References, PCI, etc.)				14. Supervision and Evaluation by: (Continuous, Leader Checks, Buddy System, SITREP, etc.)			
(Be Specific)				L M H E				(Be Specific)				L M H E				(Be Specific)				(Be Specific)			
HEAT INJURIES				X				MARK PRIOR HEAT INJURIES WITH WHITE TAPE ON LEFT SHOULDER STRAP. WATER AND SHADE WILL BE PROVIDED IN AREA. 50/10 WORK REST CYCLE, TMP VEHICLES WILL PROVIDE AIR CON.				X				(b) (6) CHECK OFFICERS TO ENSURE PROPER WATER INTAKE				LEADER CHECKS CONDUCTED BY OIC/NCOIC			
COLD WEATHER INJURIES				X				MARK PRIOR COLD WEATHER INJURIES WITH WHITE TAPE ON LEFT SHOULDER STRAP. THREE WARM UP VEHICLES WILL BE PROVIDED IN THE AREA.				X				ENSURE OFFICERS DRINK WATER, EAT AND FOLLOW WORK REST CYCLE				OIC/NCOIC INSPECT OFFICERS FOR SIGNS OF COLD WEATHER INJURIES			
ENVIROMENTAL HAZARDS				X				OFFICERS WILL BE BREIFED ON HAZARDS. DRIP PANS FOR VEHICLES AND ALL WASTE WILL BE PROPERLY DISPOSED OF I/E. POLICE CALL				X				CHECK VEHICLES, CONDUCT POLICE CALL. INSPECT TRASH.				CHECK CONDUCTED BY OIC/NCOIC			
INCLEMENT WEATHER				X				UTILIZE OVERHEAD COVER FOR HAIL / LIGHTNING. VEHICLES WILL BE USED FOR SHELTER. DEPART RANGE IN CASE OF PROLONG EXPOSURE TO SEVERE WEATHER.				X				MONITOR WEATHER CONDITIONS. IDENTIFY AND LEAD OFFICERS TO LIGHTNING DISPERSAL				CONTINUOUS MONITORING AND ACCOUNTABILITY OF ALL OFFICERS BY OIC/NCOIC			

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9. Identified Hazards:				10. Assess the Hazards: Initial Risk: (Must Be Filled In By Hand)				11. Developed Control Measures for Identified Hazards: (Specific measures taken to reduce the probability and severity of a hazard)				12. Make Risk Decisions: Remaining Risk: (Must Be Filled In By Hand)		13. How to Implement the Controls: (Include SOPs and References, PCI, etc.)		14. Supervision and Evaluation by: (Continuous, Leader Checks, Buddy System, SITREP, etc.)			
(Be Specific)				L M H E				(Be Specific)				L M H E				(Be Specific)		(Be Specific)	
SNAKE OR SPIDER BITE				X				CONDUCT PROPER PMCS, AND USE GROUND GUIDES.				X		SAFETY BRIEFING AND CONSTANT SUPERVISION		OIC/RSOs			
AIR TRAFFIC				X				RANGE DETAIL CONDUCTS RANGE SWEEP PRIOR TO OFFICER ARRIVAL. MEDIC AND VEHICLE ON SITE. LEAVE WILDLIFE ALONE.				X		CONDUCT RANGE INSPECTION		CHECK CONDUCTED BY OIC/NCOIC			
INJURY OR RANGE STOPPAGE DUE TO UNEXPLODED AMMUNITION				X				VISUALLY CHECK AIRSPACE BEFORE EACH FIRING ORDER BY RANGE SAFETY NCOIC, ALL OFFICERS WILL BE BRIEFED TO CEASE FIRE IF ANY AIRCRAFT ARE FLYING LOW OVER RANGE				X		CONTINUOUS MONITORING OF AIRSPACE BY RSO AND LANE SAFETIES		CONTINUOUS MONITORING BY OIC/RSOs/All Personnel			
LOSS OF LIFE DUE TO MEDICAL DELAY				X				MARK AREA. DO NOT TOUCH AND CALL RANGE CONTROL (b) (6) ALL FIRERS GIVEN DETAILED UXO BRIEFING BY OIC/RSOs UNDERSTAND PROCEDUES TO REQUEST EOD				X		INSPECTION OF RANGE, CONSTANT AWARENESS		INSPECTION CONDUCTED BY NCOIC/OIC			
								MEDICAL TRANSPORT VEHICLE AND DRIVER DESIGNATED. ROUTE RECON CONDUCTED. EMERGENCY VEHICLES ONSITE.				X		CHECK TO ENSURE MEDICAL VEHICLE AND DRIVER ARE BRIEFED AND ON HAND		CHECK CONDUCTED BY RSO/ CLS/NCOIC			

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(Be Specific)	<div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>L</span><span>M</span><span>H</span><span>E</span> </div>	(Be Specific)	<div style="display: flex; justify-content: space-around; font-weight: bold;"> <span>L</span><span>M</span><span>H</span><span>E</span> </div>	(Be Specific)	(Be Specific)		
(Signature indicates only that the appropriate risk decision authority was notified of the initial risk level, control measures taken and appropriate resources requested)							

## RANGE SAFETY RULES BRIEFING

1. TREAT EVERY WEAPON AS IF IT IS LOADED
2. NEVER POINT THE WEAPON AT ANYTHING YOU ARE NOT WILLING TO DESTROY
3. KNOW YOUR TARGET AND BACK-STOP (WHAT IS BEHIND IT)
4. NEVER PUT YOUR FINGER ON THE TRIGGER/INSIDE THE TRIGGER GUARD UNTIL THE WEAPON IS POINTED DOWNRANGE AND YOU ARE READY TO FIRE/ENGAGE A TARGET
5. WEAPONS SAFETIES ARE TO REMAIN ENGAGED (ON) AND WEAPONS ARE TO BE KEPT HOLSTERED (PISTOL), SLUNG (RIFLE) OR CARRIED MUZZLE DOWN OR UP (SHOTGUN) UNLESS ON THE FIRING LINE AND UNDER DIRECT COMMANDS FROM THE RANGE OFFICER
6. TAKE ALL RANGE COMMANDS FROM THE RANGE OFFICER RUNNING THE RANGE BAY YOU ARE IN
7. DON'T ANTICIPATE AND MOVE OR MAJIPULATE WEAPONS BEFORE ANY COMMANDS ARE GIVEN.....WAIT FOR INSTRUCTION
8. THE ENTIRE RANGE AREA IS "COLD" UNLESS YOU ARE ON THE FIRING LINE UNDER DIRECT SUPERVISION OF A RANGE OFFICER.
9. YOU MAY LOAD MAGAZINES ANYWHERE WHEN OFF THE FIRING LINE (SAFE AREAS) BUT YOU CANNOT HANDLE WEAPONS.
10. ONCE ON THE FIRING LINE AND THE COMMAND IS GIVEN TO "LOAD" , THE RANGE IS "HOT" MEANING YOU ARE RESPONSIBLE FOR KEEPING THE WEAPON LOADED DURING THAT COURSE OF FIRE UNLESS SPECIFICALLY INSTRUCTED OTHERWISE BY THE RANGE OFFICER (SHOTGUN COURSE OF FIRE IS DIFFERENT FROM THE REST).
11. BE AWARE OF THE WEAPON MUZZLE WHEN CHANGING MAGAZINES. ALL WEAPONS ARE TO REMAIN POINTED DOWN RANGE
12. EVERYONE IS A RANGE SAFETY. IF YOU SEE AN UNSAFE ACT, YOU CALL A "CEASE FIRE" OR "STOP" IMMEDIATELY.
13. NEVER HANDLE YOUR WEAPON ON THE FIRING LINE WITH ANY PERSON IN FRONT OF/OR DOWN RANGE OF YOU.
14. DURING NIGHT FIRE, BE AWARE OF WHERE ALL PERSONNEL ARE, ENSURING THERE ARE NO PERSONNEL DOWNRANGE OF YOU BEFORE LOADING OR ENGAGING TARGETS.
15. USE ONLY AUTHORIZED DUTY GEAR (HOLSTERS, MAG HOLDERS, BODY ARMOR, ETC.) DURING QUALIFICATION TABLES
16. ALL RELOADS ON A "HOT" LINE ARE TO BE CONDUCTED WITH THE SPARE MAGAZINES COMING FROM DUTY GEAR (NO DRAWING FROM POCKETS, ETC.) PER ST-19 LEWTAQ
17. THE MEDICAL VEHICLE WILL BE \_\_\_\_\_ AND THE MEDICAL OFFICER WILL BE \_\_\_\_\_.
18. BJACH WILL BE THE PRIMARY MEDICAL FACILITY AND BYRD HOSPITAL SECONDARY.
19. THE FIRST AID/TRAUMA KIT IS LOCATED \_\_\_\_\_.
20. ANY INJURIES, THE RANGE OIC MUST BE NOTIFIED.