

## NZDA 300m RANGE - CHIEF RANGE OFFICER CHECK SHEET

Date:	Event: Public Range Day										
CRO briefing with volunteers to allocate tasks and responsibilities:											
Volunteers names	<----- circle one or more for each member ----->										
1	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	
2	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	
3	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	
4	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	
5	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	
6	CRO	RO1	RO2	Reg	Ind	Crowd	FirstAid	Emergency Comms	Scene/site security	Incident recording	

## INCIDENT INVESTIGATION FORM

<b>Particulars of Incident</b>			
Time	Location	Date Reported	
<b>The Injured Person</b>			
Name:	Age:	Home address:	
Type of Injury <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration/Cut <input type="checkbox"/> Foreign body <input type="checkbox"/> Burn <input type="checkbox"/> involving firearm <input type="checkbox"/> Other (Specify).....			
Remarks:			
<b>The Incident</b>			
Description (describe what happened, draw diagram if necessary)			
Analysis (What was cause of the incident?)			
How bad could it have been? <input type="checkbox"/> Very Serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor		What is chance of it happening again? <input type="checkbox"/> Rarely <input type="checkbox"/> Often	
<b>Prevention</b>			
What action has or will be taken to prevent a reoccurrence?		By whom	Do by
Done (tick)			
<b>Treatment and Investingation of Incident</b>			
Treatment given	Name of person giving first aid	Dr/hospital	
Incident investigated by	Date	DOL advised Yes / No	Date

## NZDA - RANGE OPEN DAY SHOOTERS REGISTER

- 1) NZDA membership does not entitle members to shoot at the range. They MUST hold a current Range Ticket to shoot without paying the casual shooter fee.
- 2) We no longer issue a Range ticket, so the access tag is evidence that they are an authorised range user
- 3) Casual shooters MUST receive an official induction, and MUST initial the separate Range Induction Record Sheet as proof they have received the induction

Date:

Comments:

NAME OF SHOOTER	SIGHTED CURRENT FIREARM LIC. (Y)	RANGE TICKET Member No:	CASUAL USER FEE (\$25.00)	TARGETS, ECI, EARPLUGS (\$)	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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# NZDA - PUBLIC RANGE DAY SHOOTERS REGISTER

NAME OF SHOOTER	SIGHTED CURRENT FIREARM LIC. (Y)	RANGE TICKET Member No:	CASUAL USER FEE (\$25.00)	TARGETS, ECI, EARPLUGS (\$)	COMMENTS
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
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60					

NZDA - BOP BRANCH - RANGE OPEN DAY / BRANCH SHOOT - DATE: \_\_\_\_\_

Cash Reconciliation

**NZDA - PUBLIC RANGE DAY SHOOTERS REGISTER**

1) Cash counted at end of day  
less start float


Total Cash Received:

2) Fees Recorded

From casual user fees

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From targets

--

From ECI

--

From Donations

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Total Fees Recorded:

Reconciliation Balance: Total Cash - Total Fees:

Recorded by: \_\_\_\_\_

## NZDA 300m Range - Range Induction Record sheet

<b>Date:</b>	<b>Inducted By:</b>
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### Range Induction Requirements

The induction is provided to ensure the shooter is familiar with the safety and operational requirements of this range.

All shooters are required to complete a range induction before they can shoot on the range.

Shooters who do not hold a current range ticket will be required to repeat the induction on any subsequent days they shoot on this range.

### Induction Acknowledgement

By signing this form, the shooter acknowledges they have a current firearms licence, and have received the induction and understand their obligations to comply with the Range Standing Orders and any other requirements outlined in the induction

<b>Shooters Name</b>	<b>Signature</b>
1	
2	
3	
4	
5	
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11	
12	
13	
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16	
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20	
21	
22	
23	

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Shooters Name	Signature
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
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45	

## Hazard Identification Register

Hazard	Significant		Practicable to eliminate		Practicable to isolate		All practicable steps to minimise		Controls required (including existing)	Person responsible	Date to be completed by	Completed (date/initials)
	Yes	No	Yes	No	Yes	No	Yes	No				
<b>General</b>												
Entry into Range Danger and Active Range area while shooting occurring	X		X		X		X		Range status sign, firing line flag, warning signage. Internal access gates locked. Range Standing Orders	Range Officer, all shooters	Ongoing	
Accidental discharge of firearm	X		X		X		X		Range Standing Orders and in use of empty chamber indicators when not on firing line.	Range Officer, all shooters	Ongoing	
Lead contaminants	X			X	X		X		Wear protective clothing when handling the 200 l plastic drums (bullet traps)	Range Manager	Ongoing	

# Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992  
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

**1 Particulars of employer, self-employed person or principal:**  
*(business name, postal address and telephone number)*


**2 The person reporting is:**

- an employer     a principal     a self-employed person

**3 Location of place of work:**


*(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)*

**4 Personal data of injured person:**

Name 

--

Residential address 


Date of birth 

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      Sex (M/F) 

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**5 Occupation or job title of injured person:**

*(employees and self-employed persons only)*

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**6 The injured person is:**

- an employee                       a contractor (self-employed person)  
 self                                       other

**7 Period of employment of injured person:**

- (employees only)*
- 1<sup>st</sup> week                       1<sup>st</sup> month                       1-6 months  
 6 months-1 year               1-5 years                       Over 5 years  
 non-employee

**8 Treatment of injury:**

- None                                       First aid only  
 Doctor but no hospitalisation       Hospitalisation

**9 Time and date of accident/ serious harm:**

Time 

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 am/pm

Date 

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      Shift     Day     Afternoon     Night

Hours worked since arrival at work  
*(employees and self-employed persons only)*

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**10 Mechanism of accident/ serious harm:**

- fall, trip or slip                       hitting objects with part of the body  
 sound or pressure                       being hit by moving objects  
 body stressing                               heat, radiation or energy  
 biological factors                               chemicals or other substances  
 mental stress

**11 Agency of accident/ serious harm:**

- machinery or (mainly) fixed plant  
 mobile plant or transport  
 powered equipment, tool, or appliance  
 non-powered handtool, appliance, or equipment  
 chemical or chemical product  
 material or substance  
 environmental exposure (e.g. dust, gas)  
 animal, human or biological agency (other than bacteria or virus)  
 bacteria or virus

**12 Body part:**

- head                       neck                       trunk  
 upper limb               lower limb               multiple locations  
 systemic internal organs

**13 Nature of injury or disease:**

- fatal  
*(specify all)*
- |  |   |
|--|---|
| <input type="checkbox"/> fracture of spine         | <input type="checkbox"/> puncture wound                   |
| <input type="checkbox"/> other fracture            | <input type="checkbox"/> poisoning or toxic effects       |
| <input type="checkbox"/> dislocation               | <input type="checkbox"/> multiple injuries                |
| <input type="checkbox"/> sprain or strain          | <input type="checkbox"/> damage to artificial aid         |
| <input type="checkbox"/> head injury               | <input type="checkbox"/> disease, nervous system          |
| <input type="checkbox"/> internal injury of trunk  | <input type="checkbox"/> disease, musculoskeletal system  |
| <input type="checkbox"/> amputation, including eye | <input type="checkbox"/> disease, skin                    |
| <input type="checkbox"/> open wound                | <input type="checkbox"/> disease, digestive system        |
| <input type="checkbox"/> superficial injury        | <input type="checkbox"/> disease, infectious or parasitic |
| <input type="checkbox"/> bruising or crushing      | <input type="checkbox"/> disease, respiratory system      |
| <input type="checkbox"/> foreign body              | <input type="checkbox"/> disease, circulatory system      |
| <input type="checkbox"/> burns                     | <input type="checkbox"/> tumour (malignant or benign)     |
| <input type="checkbox"/> nerves or spinal chord    | <input type="checkbox"/> mental disorder                  |

**14 Where and how did the accident/serious harm happen?**

*(If not enough room attach separate sheet or sheets.)*


**15 If notification is from an employer:**

- (a) Has an investigation been carried out?     yes     no  
(b) Was a significant hazard involved?         yes     no

**Signature and date** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and position**  
*(capitals)*

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Department of Labour  
TE TARI MAHI



**NZDA-BOP TECT Park 300m Rifle Range  
Range Manual -Appendix**

**Incident Register**

Date	Time	Reported By	Investigated By	Location	Affected Parties	The Incident	Analysis	How Bad Coult It Have Been	Chance of Happening Again	Prevention	Separate File note
7/9/14	11:15 am	Baden Prentis	Grant Hammond, NZDA BOP Range Manager	Airsoft lease area immediately behind NZDA lease boundary fence to south of 300m target lines	Tauranga Airsoft Club. Tauranga Pistol Club NZDA BOP Branch	Possible stray bullet overhead	Investigated and discussed with all parties. Not able to confirm if it was a bullet.	Very serious	infrequent	Reinforcement of all clubs range stnding orders	Yes

# Range Safety Incident Investigation Report

## 1 INVESTIGATOR

Investigated By:	
Position:	
Phone No	
Email	
Date of Issue	

## 2 PARTICULARS OF INCIDENT

Date of Incident:	
Time of Incident:	
Location	

## 3 AFFECTED PARTIES

*(Describe who reported the incident, and who was involved in the incident, and who the incident was reported to)*

## 4 THE INCIDENT

*(Describe what happened)*

## 5 ANALYSIS

*(What were the causes of the incident?)*

### 5.1 INVESTIGATION

### 5.2 CAUSE

*(What were the causes of the incident?)*

### 5.3 SERIOUSNESS

*(how bad could it have been, What are the chances of it happening again)*

## 6 PREVENTION

*(What action has or will be taken to prevent a recurrence?)*

## 7 CONCLUSION

Signature

Name:

Position: