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	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording
2	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording
3	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording
4	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording
5	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording
6	**C**RO	**R**O1	**R**O2	**R**eg	**I**nd	**C**rowd	**F**irstAid	**E**mergency Comms	**S**cene/site security	**I**ncident recording

INCIDENT INVESTIGATION FORM

Particulars of Incident

Time	Location	Date Reported

The Injured Person

Name:	Age:	Home address:

Type of Injury

☐ Strain/Sprain ☐ Fracture ☐ Laceration/Cut ☐ Foreign body ☐ Burn ☐ involving firearm ☐ Other (Specify).....

Remarks:

The Incident

Description (describe what happened, draw diagram if necessary)

Analysis (What was cause of the incident?)

How bad could it have been?	What is chance of it happening again?
☐ Very Serious ☐ Serious ☐ Minor	☐ Rerely ☐ Often

Prevention

What action has or will be taken to prevent a reoccurance?	By whom	Do by	Done (tick)

Treatment and Investingation of Incident

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 offical 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						
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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						
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NZDA - BOP BRANCH - RANGE OPEN DAY / BRANCH SHOOT - DATE:_____
Cash Reconcilliation

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		
From targets		
From ECI		
From Donations		
	Total Fees Recorded:	
	Reconcilliation Balance: Total Cash - Total Fees:	

Recorded by: _____

NZDA 300m Range - Range Induction Record sheet

Date:	**Inducted By:**

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 acknolwdges they have 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

Shooters Name	Signature
1	
2	
3	
4	
5	
6	
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10	
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12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

NZDA 300m Range - Range Induction Record sheet

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Shooters Name	**Signature**
24	
25	
26	
27	
28	
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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				
General												
Entry into Range Danger and Active Range areaa 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 **Sex (M/F)**

5 Occupation or job title of injured person:
(employees and self-employed persons only)

6 The injured person is:
☐ an employee ☐ a contractor (self-employed person)
☐ self ☐ other

7 Period of employment of injured person:
(employees only)
☐ 1st week ☐ 1st 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 am/pm
Date **Shift** ☐ Day ☐ Afternoon ☐ Night

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

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)
☐ fracture of spine ☐ puncture wound
☐ other fracture ☐ poisoning or toxic effects
☐ dislocation ☐ multiple injuries
☐ sprain or strain ☐ damage to artificial aid
☐ head injury ☐ disease, nervous system
☐ internal injury of trunk ☐ disease, musculoskeletal system
☐ amputation, including eye ☐ disease, skin
☐ open wound ☐ disease, digestive system
☐ superficial injury ☐ disease, infectious or parasitic
☐ bruising or crushing ☐ disease, respiratory system
☐ foreign body ☐ disease, circulatory system
☐ burns ☐ tumour (malignant or benign)
☐ nerves or spinal chord ☐ 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)

CAA
CIVIL AVIATION AUTHORITY
OF NEW ZEALAND

MARITIME
NEW ZEALAND

Department of Labour
TE TARI MAHI

Incident Register

Date	Time	Reported By	Investigated By	Location	Affected Parties	The Incident	Analyis	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

NZDA BOP Branch TECT All Terrain Park 300m Rifle Range

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: