



Competitor **Equipment Check Form** **MINIRIFLE**



Event: _____

Name					Number	
Division					Squad	
Category		DOB		ALIAS		
Region		Sex		Team		Strong Side
Local ID		Permit		Permit Valid Thru		

FIRST GUN - Pass Safety Check []:

FRAME Serial #	Maker & Model			Barrel Length
Compensator	Slings during COF			
[] Yes [] No	[] Yes [] No			
Sight Maker	Sight Model	Accessories	Other	

Gun Checked on: ___/___/___ Time: ___:___ By IROA/NROI#: _____ Signature: _____

SECOND GUN - Pass Safety Check []*: (can **ONLY** be used **AFTER** the approval of the Range Master)

FRAME Serial #	Maker & Model			Barrel Length
Compensator	Slings during COF			
[] Yes [] No	[] Yes [] No			
Sight Maker	Sight Model	Accessories	Other	

Gun Checked on: ___/___/___ Time: ___:___ By IROA/NROI#: _____ Signature: _____

Range Master **APPROVAL** to use SECOND GUN - Date: ___/___/___ Time: ___:___ Signature: _____

_____, ____ of _____, 2021.

RO # (NROI / IROA): _____

RO Name: _____

Range Officer Signature

Competitor Signature



STAGE	Checked by: (RO's # and signature) Notes: (Warnings, Disqualification, Etc.)	STAGE	Checked by: (RO's # and signature) Notes: (Warnings, Disqualification, Etc.)			
01		16				
02		17				
03		18				
04		19				
05		20				
06		21				
07		22				
08		23				
09		24				
10		25				
11		26				
12		27				
13		28				
14		29				
15		30				
Chrono		Metal Test Request (SGN Only)	1	2	3	4