

**DPTMS RANGE DIVISION
RANGE REPORT**

1. RANGE: _____ 2. DATE: _____

3. UNIT: _____ 4. OIC: _____ 5. TELEPHONE: _____

Unit OICs request this form be completed and returned to the Range Control Operations Desk upon completion of firing on the range or using a training facility.

PART 1 - RANGE BRIEFING

6. WHEN WAS THE RANGE BOOK SIGNED FOR (DATE)? _____

7. WAS A BRIEFING GIVEN AT RANGE CONTROL AND WAS IT HELPFUL? _____

8. WERE RANGE OPERATIONS PERSONNEL COURTEOUS AND HELPFUL? _____

PART II - RANGE AND TRAINING FACILITY

9. WAS THE RANGE OR TRAINING FACILITY ACCESSIBLE TO YOU IN GOOD CONDITION? _____

10. WERE TARGETS AVAILABLE TO YOU IN GOOD CONDITION? _____

11. HOW LONG DID IT TAKE TO SET UP? _____

12. WHEN DID FIRING BEGIN? _____

13. DID TARGETS FUNCTION PROPERLY? _____

14. IF NOT, HOW LONG DID IT TAKE RANGE PERSONNEL TO RESPOND AFTER THEY WERE NOTIFIED? _____

SECTION III - RANGE AND TRAINING FACILITY INSPECTION

15. WHEN DID FIRING OR TRAINING END? _____

16. DID THE INSPECTOR ARRIVE IN A REASONABLE AMOUNT OF TIME? _____

17. WAS THE INSPECTOR COURTEOUS, COOPERATIVE, AND THOROUGH? _____

18. HOW LONG DID IT TAKE TO CLEAR THE RANGE OR TRAINING AREA? _____

19. WERE THERE ANY INTERRUPTIONS OR HOLD-UPS THAT YOU FEEL WERE UNNECESSARY? _____

PLEASE RANK IN ORDER THE FOUR AREAS BELOW AND THEN RATE EACH AREA:

Order of importance (1-4)	Poor		Fair		Excellent					
_____ Timeliness of service	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
_____ Quality of service	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
_____ Friendliness of staff	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
_____ Knowledge of staff	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5

20. COMMENTS: _____

