

# **BUILDING SHOOTERS**

**BRAIN-BASED  TRAINING SYSTEMS**

## **Weapons Handling Safety Verification Record**

**Date:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_

**Trainee:** \_\_\_\_\_ **Self Check:** \_\_\_\_\_ **Buddy Check:** \_\_\_\_\_  
(Print Name) (Initial) (Initial)

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(Print Name) (Initial) (Initial)

**Instructor (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_