

BUILDING SHOOTERS

BRAIN-BASED  TRAINING SYSTEMS

Weapons Handling Safety Verification Record

Date: _____

Instructor: _____

Trainee: _____ **Self Check:** _____ **Buddy Check:** _____
(Print Name) (Initial) (Initial)

Trainee: _____ **Self Check:** _____ **Buddy Check:** _____
(Print Name) (Initial) (Initial)

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Trainee: _____ **Self Check:** _____ **Buddy Check:** _____
(Print Name) (Initial) (Initial)

Instructor (Signature): _____ **Date:** _____