

Opening and Closing Check List

RANGE OPENING DATA

OIC INSTRUCTIONS FOR REQUESTING TO “OCCUPY” RANGE/TRAINING AREA

- 1. OIC will contact the Fire Desk on FM **48.50**/ALT 46.10 or Land Mobile Radio (LMR) “Live Fire” Net or Channel 16 (Army Common) requesting to **“OCCUPY”** the range **30 minutes** before requesting a **“HOT STATUS”** and provide the following information line by line.

LINE 1. Unit to occupy: _____

LINE 2: OIC’s last name (spelled phonetically) Rank and Laundry mark: _____

NOTE: (Laundry mark: first initial of last name and only the last 4 of the DODID number)

LINE 3. Estimated Hot Time: _____

LINE 3. (Training Area Only) Number of personnel present or to be trained: _____

LINE 4. Max Ordinance in feet (for Indirect and Ground to air firing only): _____

LINE 4. (Training Area Only) Number of vehicles/ aircraft/ UAV’s: Track _____ Wheel _____ Aircraft _____ UAV _____

NOTE: When the OIC occupies a range they are required to give Range Control an estimated Hot time.

RANGE HOT STATUS DATA

OIC INSTRUCTIONS FOR REQUESTING TO GO TO A “HOT STATUS” ON A LIVE FIRE RANGE

- 2. OIC will contact RANGE CONTROL on FM 48.50 or Land Mobile Radio (LMR) Live Fire Net, requesting to go to a **“HOT STATUS”** and provide the following information line by line.

LINE 1: Unit to Fire: _____

LINE 2: Type of weapon to be fired: (M4A2, M1A1, M2A2, ETC) _____

LINE 3: Type of ammunition to be fired and DODIC number: (5.56, 7.62, 25MM, TPT, 120MM, etc.) _____

LINE 4: Number of personnel at firing location: _____

LINE 5: OIC’s last name (spelled phonetically) Rank and Laundry mark: _____

LINE 6: RSO’s last name (spelled phonetically) Rank and Laundry mark: _____

- 3. While in a **“HOT STATUS”** OIC will continuously monitor the Range Control frequency. Fire Desk will initiate hourly radio checks.
- 4. Notify RANGE CONTROL of (**FIRST ROUND DOWN RANGE**) after first round is shot.

RANGE CLOSING DATA

OIC INSTRUCTIONS FOR REQUESTING TO GO TO A “COLD STATUS” ON A LIVE FIRE RANGE

- 5. OIC will contact RANGE CONTROL on FM 48.50 or Land Mobile Radio (LMR) Live Fire Net, requesting to go to a **“COLD STATUS”** and provide the following information line by line.

LINE 1: Type of ammunition expended: (5.56, 7.62, 25MM, TPT, 120MM, ETC) _____

LINE 2: Number of personnel trained: _____

LINE 3: Number of misfires/malfuctions: _____

LINE 4: Number of vehicles/ aircraft/ UAV’s: Track _____ Wheel _____ Aircraft _____ UAV _____

LINE 5: Report **“All Training Complete”** or **“All Training NOT Complete”** at this point. Fire Desk Initials: _____

FORMAT - ALPHA

TO BE USED FOR ALL REPORTABLE INCIDENTS.

CALL RANGE CONTROL AT 571-801-9210 or 9211; FM PRI 48.500/ALT 46.100. IF YOU CAN NOT REACH RANGE CONTROL, DIAL 911.

DATE
REPORTED:

TIME:

LINE 1. UNIT:

CALL SIGN:

INTERNAL FREQ:

DATE/TIME INCIDENT
OCCURRED:

LINE 2. LOCATION:

NOTE: IT IS EXTREMELY IMPORTANT THAT THE SCENE IS PRESERVED PENDING AN INVESTIGATION.

LINE 3. BRIEF DESCRIPTION OF INCIDENT IMMEDIATELY AVAILABLE.

LINE 4. POC/ SENIOR OFFICER ON SITE:

LINE 5. TYPE OF ASSISTANCE NEEDED.

ADDITIONAL INFORMATION/NOTES:

FORMAT - BRAVO

TO BE USED FOR PEACE TIME MEDEVAC / CASEVAC. CALL RANGE CONTROL AT 571-801-9210 OR 9211; FM PRI 48.500/ALT 46.100. IF YOU CAN NOT REACH RANGE CONTROL, DIAL 911.

		DATE REPORTED:		TIME:	
LINE 1. PICK - UP LOCATION:		DATE / TIME INCIDENT OCCURRED:			
LINE 2. UNIT FREQ:	CALL SIGN:	OIC/UNIT:			
LINE 3. NUMBER OF PATIENTS BY PRECEDENCE:	A. URGENT	B. URGENT	C. PRIORITY	D. ROUTINE	E. CONVENIENCE
LINE 4. SPECIAL EQUIPMENT REQUIRED: MARK (x)	A. NONE	B. HOIST	C. EXTRACTION	D. VENTILATOR	
LINE 5. NUMBER OF PATIENTS BY TYPE:	A. LITER		B. AMBULATORY		
LINE 6. NUMBER & TYPES OF WOUNDS, ILLNESSES, OR INJURIES:	NO:	TYPE:			
LINE 7. METHOD OF MARKING THE PICK-UP SITE.	A. PANELS	B. PYRO/TYPE	C. SMOKE/ COLOR	D. NONE	E. OTHER/EXPLAIN
LINE 8. PATIENT'S NATIONALITY AND STATUS.	A. US MILITARY	B. US CIVILIAN	C. NON-US MIL	D. NON-US CIV	E. EPW
RANK	NAME	SSN	AGE	RACE	CATEGORY ABOVE
LINE 9. TERRAIN DESCRIPTION:					
PATIENT STATUS / UPDATE AS OF 0730 THE FOLLOWING DAY:					
CIRCLE TYPE OF MEDEVAC: AIR UNIT EMS					

FORMAT – CHARLIE (Initial Report)
IED/UXO Spot Report

TO BE USED FOR UXO FOUND ON THE INSTALLATION.

**CALL RANGE OPERATIONS FIRE DESK AT 571-801-9210 / 9211; FM: 48.50 (PRI)/ 46.10 (ALT), or
“LIVE FIRE” ON THE MOTOROLA.**

Line 1. Date Time Group of Discovery.

Date:

Time:

Line 2. Reporting Unit/ Location.

Unit:

Name:

Location:

Line 3. Contact Method

On-site Freq:

Call Sign:

Phone Number:

Line 4. Type of Ordnance.

A. Type:

B. Size:

C. Quantity:

Line 5. CBRN Contamination.

A. Type of Contamination:

B. How Contamination was detected:

Line 6. Resources Threatened.

Line 7. Impact on Mission.

Line 8. Protective Measures Employed.

Line 9. Recommended Priority.

Immediate

Indirect

Minor

No Threat

Additional Notes/Comments: