

Weapons Handling Safety Verification Record

Date:		
Instructor:		
Trainee:	Self Check:(Initial	Buddy Check:
(Print Name)	(Initial)	(Initial)
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(Print Name)	(Initial)) (Initial)
Frainee:		Buddy Check:
(Print Name)	(Initial)) (Initial)
Instructor (Signature):		Date:
Trainee:(Print Name) Instructor (Signature):	Self Check:(Initial)	