

Mentoring Safety Verification Record

Program Description: _____ Mentor Name: _____

Student Name(s): _____, _____, _____, _____, _____

Lesson 1: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 2: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 3: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 4: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 5: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 6: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 7: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 8: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 9: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 10: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 11: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Lesson 12: Mentor Initial: No Live Ammo / Area Inspection: _____ Safety Brief: _____ Date: _____

Student(s) Sign : _____, _____, _____, _____, _____

Mentor: _____

Date: _____

(Sign When Complete)