

# Artillery Reserve Inc.

## Weapons, Small Arms Safety-Check Report Form

I \_\_\_\_\_ Commanding Officer Of Company \_\_\_\_\_,  
Here by certify that under the safety guidelines of my own organization, that the weapons safety check was conducted prior to the Battles of \_\_\_\_\_ on \_\_\_\_\_ date.  
All weapons that have not been passed or qualified by the Safety Standards of my own Individual Organization have been identified and prohibited from being activating discharged and/or loaded for use upon the field.

\_\_\_\_\_ Commanding Officer.

### Company Review:

TYPE OF WEAPON	NAME OF INDIVIDUAL AND RANK	PASS - FAIL	

\_\_\_\_\_ Unit Ordnance Inspector

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