APPENDIX D

Automated Shoot House Certification Letter

Range Operations Commander's Automated Shoot House (ASH) Certification Letter

	ference AR 385-63, AR 385-10, ASH S	OP	
Ι, _	Name, Title, Rank, Grade	the commanding officer (O5 & Above or	
rea eve	and and understand CG Regulation 385-6 ent requirements, range cadre requirements	n conducting ASH training at the ASH facility, acknowledge that I have 3 and the ASH SOP. The following list is the stated prerequisite training ents, and equipment requirements that have been or will be fulfilled prior re training at the ASH. I will initial after each of the below items, verifying eted.	
1.	I have verified that the designated OIG and signed risk assessment in their po	Cs and RSOs have attended CG Range Safety Brief and have a completed ssession.	
2.	I have verified that all range cadre personnel (OICs, RSOs, O/Cs) have completed the CG ASH Orientation within this calendar year		
3.	I have verified that all personnel actively participating in the training (shooters) have qualified with their assigned weapon(s) within the past 12 months		
4.	I have verified that all personnel actively participating in the training (shooters) have conducted Short Range Marksmanship Training (SRM) with their assigned weapon(s) within the past 6 months		
5.	I have verified that all personnel actively participating in the training (shooters) have participated in urban operations training within the past 6 months.		
6.	I will ensure that all personnel actively participating in the training (shooters) along with the range cadre conduct a dry fire iteration and or blank fire iteration prior to commencing with live fire iteration.		
	appropriate personal protective equipm PPE REQUIREMENTS	y participating in the training (shooters) to include range cadre will don nent (PPE) prior to conducting a live fire exercise Ballistic Spectacles, Hearing Protection, Body Armor Vests w/ Plates,), Safety Color Vests (road guard vests) for Range Cadre	
8.	I understand that this list is not all inclusive. I am responsible for safe training of my unit/organization at the ASH and will take whatever actions necessary to ensure safety is an integral part of this training activity.		
	Commander's Signature	Date	
_	Unit/Organization	Email and Phone Number	