Indoor Range Questionnaire

Completed by: Date

Name and Location of Range | Range Point of Contact

Name of Range		Contact Name	
Physical Address		Title	
		Phone	
Mailing Address		Cell Phone	
		Email	

Range Description (attach additional sheets if required)

	No. of Positions	Backstop Type	Backstop Size (ft)			Ammo Type	Trap Manufacturer/ Model
			Depth of Media	Width of Backstop	Height of Backstop		
Range 1		☐ Steel ☐ Granulated Rubber ☐ Other				☐ Lead ☐ Frangible ☐ Mixed	
Range 2		☐ Steel ☐ Granulated Rubber ☐ Other				☐ Lead ☐ Frangible ☐ Mixed	
Range 3		☐ Steel ☐ Granulated Rubber ☐ Other				☐ Lead ☐ Frangible ☐ Mixed	
Range 4		☐ Steel ☐ Granulated Rubber ☐ Other				☐ Lead ☐ Frangible ☐ Mixed	

Range Photos

| Please provide digital photos of the following | ☐ Access pathway (exterior of bldg. to trap) ☐ Trap Access | ☐ Trap System Front ☐ Trap System Back |

Range Access

Door 1	Width:	☐ Photo included
Door 2	Width:	☐ Photo included
Door3	Width:	☐ Photo included
Hours of Access for Range Maintenance		

Lead Recovery History

| Date of Last Lead Recovery | | Previous Provider | |

Services Requested | Frequency

☐ Lead Recovery	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Brass Recovery	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Filter Replacement	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ DCU Cleanout	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Clean Range	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Clean Areas Outside of Range	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Range Waste Disposal	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Add Additional Berm Media	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Add Fire Retardant to Berm	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:
☐ Other Maintenance (List)	☐ Annually ☐ Biannually ☐ Quarterly ☐ Monthly ☐ Other:

| Would you be interested in having MT2 perform an environmental review of your range Best Management Practices providing a written report with recommendations for improvements, if any? | ☐ Yes ☐ No |