



Outdoor Range Questionnaire

Completed by: _____

Date _____

Name and Location of Range		Range Point of Contact	
Name of Facility		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	Type of Range
			Width of Backstop	Height of Backstop		
Range 1		<input type="checkbox"/> Soil/Sand <input type="checkbox"/> Granulated Rubber			<input type="checkbox"/> Lead <input type="checkbox"/> Frangible <input type="checkbox"/> Mixed	<input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Trap/Skeet
		<input type="checkbox"/> Other (List)				
Range 2		<input type="checkbox"/> Soil/Sand <input type="checkbox"/> Granulated Rubber			<input type="checkbox"/> Lead <input type="checkbox"/> Frangible <input type="checkbox"/> Mixed	<input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Trap/Skeet
		<input type="checkbox"/> Other (List)				
Range 3		<input type="checkbox"/> Soil/Sand <input type="checkbox"/> Granulated Rubber			<input type="checkbox"/> Lead <input type="checkbox"/> Frangible <input type="checkbox"/> Mixed	<input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Trap/Skeet
		<input type="checkbox"/> Other (List)				
Range 4		<input type="checkbox"/> Soil/Sand <input type="checkbox"/> Granulated Rubber			<input type="checkbox"/> Lead <input type="checkbox"/> Frangible <input type="checkbox"/> Mixed	<input type="checkbox"/> Rifle <input type="checkbox"/> Pistol <input type="checkbox"/> Trap/Skeet
		<input type="checkbox"/> Other (List)				

Range Photos

Please provide

- Ground level digital photos of the range and its features
- Map/sketch of the layout of the ranges at your facility

Range Access

Hours of Access for Range Maintenance	
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Lead Recovery History

Date of Last Lead Recovery		Previous Provider	
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Services Requested	Frequency
<input type="checkbox"/> Lead Recovery	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<input type="checkbox"/> Brass Recovery	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<input type="checkbox"/> Range Assessment	
<input type="checkbox"/> Environmental Stewardship Plan	
<input type="checkbox"/> Soil Treatment	
<input type="checkbox"/> Construction or Demolition	
<input type="checkbox"/> Range Upgrades	
<input type="checkbox"/> Range Waste Disposal	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<input type="checkbox"/> Add Additional Berm Media	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<input type="checkbox"/> Add Fire Retardant to Berm	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:
<input type="checkbox"/> Other Maintenance (List)	<input type="checkbox"/> Annually <input type="checkbox"/> Biannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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