

Appendix H

RANGE CONTROL FORMS

**Weapon Safety Certification Memo
Camp Ripley Target Matrix
DD Form 2977 Deliberate Risk Assessment Worksheet
Exception to Policy Memorandum Format
Target and Supply Request Form
Spill Report
Mechanical Dig Permit**

Unit's Letterhead

Unit's Office Symbol

DATE

MEMORANDUM FOR: RANGE CONTROL, CAMP RIPLEY TRAINING CENTER,
LITTLE FALLS, MN

SUBJECT: **UNIT** OIC/RSO SAFETY CERTIFICATION

1. I certify that the following individuals have been trained, tested, and are qualified to be an OIC or RSO for the Unit.
- 2.

NAME	GRADE/ RANK	SSN LAST FOUR	WEAPONS/TRAINING QUALIFICATIONS/SPECIALTIES
Doe, John	E-7/SFC	XXXX	M1A1, M2, M249, M240, M9, Rappel Tower, Shoothouse
Smith, Robert	E-6/SSG	XXXX	M2, M4, M9, M249, Shoothouse
Johnson, Mark	E-5/SGT	XXXX	M2, M4, M9, Bridge Operations

THIS IS A SAMPLE

JOHN T. HOME
LTC, IN, MNARNG
Commanding

The Memorandum must include:

- a. Grade/Rank Requirements from DA PAM 385-63 Range Safety, Table 1-1.
- b. The following personnel are not authorized to be an OIC or RSO: ROTC Cadets; OCS Students; WOCs; any Officer or Warrant Officer who has not completed OBC or WOBC.
- c. The Last Four Numbers of the Individual's Social Security Number.
- d. The Weapon(s), Training Certification(s), and/or Specialties that the individual has been certified on.
- e. The Memorandum must be signed by an O-5 (or O-4P in Command) BN/SQDN Commander.

CAMP RIPLEY TARGET MATRIX
 (Please request that the full Excel 2013 Version be e-mailed to you)

UNIT:					RANGE:			
RANGE DATES: FROM:					TO:			
GUNNERY TABLE:					REFERENCE			
TASK/ EVENT NUMBER	BATTLE POSITION OR LANE #	AMMO DODIC	EXPOSURE TIME AND HITS TO KILL	RANGE TO TARGETS	TARGET REQUIREMENTS	TARGET AVAILABILITY PRIMARY/ALT		COMP STEP #
PREPARED BY:					DATE:			
SDZ CREATED BY:					DATE:			
LEFT LIMIT:				RIGHT LIMIT:				
GROUND VERIFIED BY:					DATE:			
MATRIX VERIFIED BY:					DATE:			

Exception to Policy Memorandum Format



DEPARTMENT OF THE ARMY
RANGE CONTROL, BLDG 24-199, TRAINING SUPPORT UNIT
CAMP RIPLEY TRAINING CENTER
15000 HIGHWAY 115
LITTLE FALLS, MN 56345

UNIT: _____ DATE: _____

MEMORANDUM FOR: Camp Ripley Control Office

SUBJECT: Exception to Policy

POLICY (Identify para and line in policy needing an exception):

REQUESTED EXCEPTION TO POLICY: (Explain why this exception is needed)

DATE TRAINING WILL TAKE PLACE: _____

RANGE/TRAINING AREA NEEDED FOR TRAINING: _____

REQUESTER'S PRINTED NAME, RANK AND, POSITION:

(Printed Name: L, F, MI) (Rank) (Position)

SIGNATURE Contact number

- 1. THE ABOVE REQUEST IS: (circle one) APPROVED DISAPPROVED
- 2. COMMENTS:

RANGE CONTROL OFFICER DATE: _____

DISTRIBUTION:
REQUESTER - 1
SHIFT SERGEANT - 1

Example Polices For Requesting an Exception to Policy

POLICY: 1-3.k MEDICAL PERSONNEL

1-3.k(4) Medical Support personnel must have an aid bag or equivalent, litter, and a dedicated medical evacuation vehicle with litter carrying capability on each range or firing point. This medical aid person and vehicle are not to be utilized for any additional duties (they are authorized to perform the hourly commo checks for the OIC).

POLICY: 1-6 REQUESTING RANGES AND TRAINING AREAS

a) 1-6.d. For ALL un-established ranges, DEMO ranges, and/or Live-Fire Exercises: OPLANS; DEMO Plans with Wiring Diagrams; Target Scenarios; Target Matrices; and Risk Management Worksheets must be submitted to Range Control NLT 90 days prior to range usage.

POLICY: 1-6 REQUESTING RANGES AND TRAINING AREAS

a) 1-6.e Units will not be able to add or change Live Fire Ranges and/or Weapon Systems within 72 hours of range utilization. An Exception to Policy Request must be submitted to Range Control by the BN S-3 with O5 signature for Change/Addition requests.

b) Per the Suspense Date tracker: 72 Hours-Request Range/Training Area/Weapon System changes or Range/Weapon System additions with Range Control. Submit an Exception to Policy Request if changes or additions are absolutely necessary within 72 hours must be signed by an O5 or higher.

POLICY: 1-6 REQUESTING RANGES AND TRAINING AREAS

NOTICE: Alcoholic beverages are NOT authorized in the FTA. For MWR purposes only, an Exception to Policy Request may be submitted to the Range Control Officer, for review and approval or denial.

POLICY: 1-11 White Light Usage Policy

a) 1-11.a MSRs and Main Roads: White Light usage is required at night. This includes the direct route (Champagne Road, South Gettysburg Road, and Argonne Road) between Range Control and the A-Complex Ranges. An Exception to Policy Request may be submitted to the Range Control Officer NLT 48 hours prior. See the map on Page 8.

b) 1-11.b All other interior roads and trails: White Light usage is prohibited from use in the FTA during periods of darkness, with the exception of emergency vehicles involved in emergency situations. An Exception to Policy Request may be submitted to the Range Control Officer NLT 48 hours prior.

POLICY: 1-14 COMMUNICATIONS:

a) 1-14.d(4) Perform Hourly Radio Checks (EVERY HOUR, ON THE HOUR) while the range is "Open".

b) 1-14.f(3) Observation Posts perform Hourly Radio Checks (EVERY HOUR, ON THE HOUR) while performing Call-for-Fire missions. After the completion of fire missions, the OP will revert to a Non-firing range status.

POLICY: 1-14 COMMUNICATIONS

NOTICE: Military Units are REQUIRED to utilize SINCGARS as their Primary form of communication. Unit Commanders may submit an Exception to Policy Request NLT 72-hours prior to Range/Training Area usage to the Range Control Officer for review and approval. All means of acquiring SINCGARS capability must be attempted prior to receiving authorization.

POLICY: 18-7 FIRE CONTROL PROCEDURES

18-7.a Recreational Fires are prohibited in the FTA. An Exception to Policy MUST be submitted to, and approved by, Range Control.

Target and Supply Request Form

CAMP RIPLEY TARGET AND SUPPLY REQUEST FORM

1. UNIT: _____

2. RANGE: _____

3. TARGET TYPE OR SUPPLY (I.E. C-WIRE, PICKETS, ETC.) AND QUANTITY:

4. DATE REQUIRED BY: _____

5. POINT OF CONTACT: _____

6. REMARKS:

RECEIVED BY: _____ DATE: _____

Spill Report

**Form JFMN 200-21-11 (Army) (FIGURE 3-11)
MINNESOTA ARMY NATIONAL GUARD SPILL REPORT**

(Reference JFMNR 200-21 (Army))	Spill # _____ (FMO USE ONLY!)
TO: Facilities Management Office, NGMN-FMO ATTN: NGMN-FME 15000 Hwy 115, Bldg. 11-1, Camp Ripley Little Falls, MN 56345-4173	FROM: (Reporting Unit or Facility)
1. RECORD OF NOTIFICATION:	
a. Person Making Report: _____ (Rank, Full Name, Unit or Facility & Phone Number)	
b. Time & date report was made: _____	
c. Person receiving report: _____ (Full name, Organization, Phone Number)	
d. Organization(s) notified: ___ Camp Ripley Security (320)632-7375 (24/7) // NGMN-FME (320)616-2621 ___ CR Range Control (320)616-3137 // ___ Minnesota Duty Officer 1-800-422-0798	
2. DESCRIPTION OF INCIDENT: Be specific and detailed. Use reverse of form if necessary.	
What (name of material spilled): _____	
Quantity (amount spilled): _____ Amount of soil excavated or size of stain (if on ground) _____	
Where: _____ When: _____	
Names of individuals involved (Name, Rank, Unit): _____ _____ _____	
How and Why (summary of events): _____ _____ _____ _____	
3. CLAIMS: In the opinion of individual making this report, may a claim against the MNARNG arise from this incident? _____ Yes _____ No (If yes, explain)	
4. RECOMMENDED/ADDITIONAL COMMENTS & DISPOSTION OF CONTAMINATED MATERIAL:	
5. SIGNATURE OF PERSON MAKING REPORT:	
Name: _____	Name: _____
Rank & Branch: _____	Rank & Branch: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
6. SIGNATURE of COMMANDER/REPRESENTATIVE:	
MN Duty Officer Name: _____	Time/Date Contacted: _____
MN Duty Officer Spill Report Number: _____	
JOC Name: _____ Date/Time: _____	
Person Making Notification: _____	
DISTRIBUTION: Original: NGMN-FME Copy: NGMN-CRZ-A NGMN-CRE Form JFMN 200-21-11(Army)	

CRTC MECHANICAL DIG PERMIT

REQUEST AND OPENING INFORMATION	
UNIT:	DATE:
PERMIT #:	DATE EXPIRES:
DATE FROM:	DATE TO:
TRAINING AREA & GRID LOCATION:	
OIC/NCOIC/POC:	
CELL PHONE NUMBER:	
DESCRIPTION OF TRAINING:	
KNOWN HAZARDS IN AREA:	
RECEIVED BY:	APPROVED BY:
SKETCH THE AREA ON THE MAP ON REVERSE SIDE	
CLOSING INFORMATION	
REPORT NUMBER OF HOLES BY TYPE:	
TANK (HDP):	M113:
TANK (TDP):	CREW-SERVED WEAPON:
BRADLEY (HDP):	IMPROVED INDIVIDUAL:
BRADLEY (TDP):	OTHER:
CLEARANCE DATE:	BY: