

Shooting risk assessment and safe area management plan

Occupier:

Address:

Contractor / operator:

Address:

FAC / SGC Number of Contractor / operator

Signature of the Contractor / operator:

Second operator / contractor
Name and signature (if required)

Signature of Occupier / Manager / Landowner:
I _____
am aware that this task will involve the use of
firearms and give my consent. Where
appropriate, I have signed a separate letter giving
general permission to shoot over my land.
Title _____

Attachments (list)
i.e.; Copy of Insurance documents, maps etc

Contents:

Section 1	Premises and Pest Details
Section 2	Shooting position / Backstop
Section 3	Equipment
Section 4	Disposal and removal
Section 5	Notes and approval

Review of assessment due (date):

Section 1: About the Property, Premises and Pest

- | | | | |
|------|--|---|--------------------------------------|
| | | Yes | No |
| 1.1 | Does the property belong to the company / landowner / householder | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 | Property type | Private
<input type="checkbox"/> | Business
<input type="checkbox"/> |
| 1.3 | Do you have clear written authority to carry out this work: | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 1.4 | Name of person responsible for providing such authority: | <input style="width: 100%;" type="text"/> | |
| 1.5 | Will the premises be empty and unoccupied at the time of operation? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 1.6 | If premises are occupied, have workforce / residents been made aware of the operation? | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
| 1.7 | Type(s) of Pest to be controlled (list) | <input style="width: 100%;" type="text"/> | |
| 1.8 | Have other methods of pest control been tried (list)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.9 | Is Shooting this pest legal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.10 | Does the operator / contractor have legal authority to carry out this job? | <input type="checkbox"/> | <input type="checkbox"/> |

If there are any 'no' responses to the above questions, provide more details below:

Pre control Measures, are these premises:

- | | |
|-------------|--------------------------|
| High Risk | <input type="checkbox"/> |
| Medium Risk | <input type="checkbox"/> |
| Low Risk | <input type="checkbox"/> |

Comments /
Control Measures

Post Control Measures:

- | | | |
|------------------------|--------------------------|--------------------------|
| | Yes | No |
| Are Premises low risk? | <input type="checkbox"/> | <input type="checkbox"/> |

Section 2: Backstop / shot and shooting position

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2.1 Backstop: is it soft and likely to absorb projectile in the event of a miss? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 Boundaries: Can the projectile leave the boundary of the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 People / Livestock / traffic: Will the area be clear at the time of shooting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 Machinery: Is there machinery present which will impair the shooters concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.5 Shooting position / hide: Is this safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.6 Shooting position: is it clear and free from obstruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.7 Shooting position: is a clear line of sight available to kill zone where appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.8 Noise: are sound moderators / hearing protection to be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.9 Signage; have warning signs been displayed where appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |

Type of firearm(s)

Other Factors (list):

If there are any 'no' responses to the above questions, provide more details below

Pre Control Measures:

Is the shot:

	Yes	No
High Risk	<input type="checkbox"/>	<input type="checkbox"/>
Medium Risk	<input type="checkbox"/>	<input type="checkbox"/>
Low Risk	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Control Measures

Post Control Measures:

	Yes	No
Is the shot low risk?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Equipment

	Yes	No
3.1a Is the firearm in good condition and safety catch operational?	<input type="checkbox"/>	<input type="checkbox"/>
3.1b Is the firearm and barrel clean?	<input type="checkbox"/>	<input type="checkbox"/>
3.2 If cleaned, has it been zero tested since cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Is the Zero set and tested at the range and elevation to Kill zone?	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Sights; tested and fully working prior to commencing work?	<input type="checkbox"/>	<input type="checkbox"/>
3.5 Moderator: Attached properly and clean?	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Rest / bipod: attached and stable?	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Lamps Batteries working, charged and tested?	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Ammunition stored in approved container and safely?	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Decoys / bait; are these laid out in a safe area for shooting?	<input type="checkbox"/>	<input type="checkbox"/>

Other factors (list):

If there are any 'no' responses to the above questions, provide more details below

Pre control measures; is the Equipment:

	Yes	No
High Risk	<input type="checkbox"/>	<input type="checkbox"/>
Medium Risk	<input type="checkbox"/>	<input type="checkbox"/>
Low Risk	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Control Measures

Post Control Measures:

	Yes	No
Is the equipment low risk?	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Disposal

Yes No

4.1 Can the pest be safely removed or disposed of within the grounds?

4.2 If to be removed from site can this be done without contaminating working areas?

Control Measure: If it cannot be removed or buried; what plans have been made for the disposal?

Section 5: Other factors

5.1 Is this task sufficiently difficult or high risk to require a second opinion / approval?

5.2 Is this task sufficiently difficult or high risk to require a second contractor / operator?

5.3 Other Identified hazards (list):

Control Measures
(Section 5 and miscellaneous):

Yes No

Will second opinion / contractor be engaged before commencing work?

RECOMMENDATIONS ARISING FROM THIS RISK ASSESSMENT

Priority 1: Additional equipment required before starting work

Priority 2: Needs attention before starting work

Priority 3: Needs consideration for the long term

Section	Priority	Recommendation	Date Actioned

Shooting agreement

An Agreement between:

(Hereinafter referred to as the Landowner)

and:

FAC / SGC No:

Insurance policy No:

(Hereinafter referred to as the Shooter)

The Landowner agrees to let the Shooter control vermin/pests, fox and deer by the use of air rifles, shotguns, rimfire rifles and full-bore rifles where appropriate. The boundaries for this activity will be confined to the area(s) defined by the Landowner.

Delete as appropriate

In return for the granting of this permission, the Shooter will respect the land and the livestock and the crops thereon.

The Shooter will behave in a safe and responsible manner at all times and respect the wishes of the Landowner.

The Shooter will bear responsibility for prior notification of the Landowner and other Authorities where appropriate of the date/time/duration of their intended shooting activities.

Disclaimer

The Landowner takes no responsibility for the actions of the Shooter.

The Shooter will carry appropriate, adequate and up-to-date public liability insurance for his activities. The Landowner will have no insurance liability in respect of shooting activities and any consequential events arising from such shooting activities as carried out by the Shooter.

Termination of this agreement will take place on the date below or by letter.

The undersigned Shooter has the undersigned Landowner's permission to shoot on the Landowner's property:

Signed..... (Landowner)

Signed..... (Shooter)

Date...../...../.....

Termination / Review date/...../.....