American Chesapeake Club

WD / WDX / WDQ Events

DISASTER, EMERGENCY & FIREARMS SAFETY PLAN

Event Name:
Exact Location (address, if available):
GPS Coordinates (if available):
Nearest Cross Streets/Landmarks:
Date(s):

County:

FIREARMS AND SHOTGUN SIMULATORS SAFETY REQUIREMENTS

1. *Firearms must always be pointed in a safe direction.*
2. *Only approved ammunition (shotshells with appropriate shot size and type as specified by guidelines) shall be used.*
3. *Any appointed individual shall have authority to remove any unsafe firearms gunner from the field.*
4. *No person shall handle a firearm while under the age of 18 years. No person shall handle a firearm while under the influence of alcohol, drugs, or any substance impairing judgment.*
5. *Gunners and bird throwers should wear eye protection and hearing protection when at or near the firing line. White clothing is required for at least one person in each throwing station.*
6. *Safety should be addressed at the handler/gunner briefing before each stake.*
7. *In the event of a misfire or other malfunction, the gunner shall keep the muzzle pointed safely downrange, notify their blind partner/bird thrower, and clear the malfunction safely, per safety procedures. If the malfunction cannot be safely cleared in the field, the firearm shall remain pointed in a safe direction with the action open (if possible), be removed from the field immediately, and placed in a designated safe area until it can be safely cleared or transported off grounds.*
8. *In the event of a firearms-related accident, the Event Chairman or their designee shall contact local law enforcement and emergency services.*

EMERGENCY SERVICES & CONTACTS

Ambulance/EMS
Service Name:
Phone: 911 **(emergency) /** **(non-emergency)**

Hospital/Trauma Center
Name:
Phone: 911 **(emergency) /** **(non-emergency)**
Address:

Fire Department
Name:
Phone: 911 **(emergency) /** **(non-emergency)**

Police/Sheriff
Name:
Phone: 911 **(emergency) /** **(non-emergency)**

Veterinarian (Emergency)
Clinic Name:
Phone: **(emergency) /** **(non-emergency)**
Address:

Is First Aid & Equipment on the Grounds (check box for "yes")?

- ☐ First Aid Kit? If available, First Aid Kit location:
- ☐ AED? If available, AED location:
- ☐ Cell or Satellite Phone Number? If available, location and telephone number:

EVENT PERSONNEL

Event Chairman:
Phone:
Address:

Event Marshal:
Phone:

Other Contact (if applicable):
Phone:
Address:

Plan Prepared By (Print):
Signature: _____
Date Completed:

Received by (Print):
Hunt Test Committee Chair Signature: _____
Date: