CFAES

Ohio 4-H Shooting Sports

4-H Shooting Sports Equipment Inspection Log

A copy of this form should be kept with the annual club/program paperwork.

Club/Program Name: _____

Date: _____ **Equipment Steward Name:** _____

Address of where items are stored: _____

Name, Make, Model	Item Description/Condition	Serial Number	*Approved for use *Needs repair *Needs replaced *Disposed/ removed from inventory

Signature of certified Shooting Sports Instructor

Signature: _____

THE OHIO STATE UNIVERSITY EXTENSION

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES
County / Program Name
department.osu.edu