Air Pistol
Equipment & Safety Knowledge

*The appropriate boxes must be dated & initiated by a **Certified 4-H Pistol Instructor***

Name of Member _____ 4-H Year _____

Demonstrates knowledge of pistol safety, including safety considerations pertaining to:

Knowledge

- ⦿ Three rules of gun safety
- ⦿ Zone of fire & direction
- ⦿ Eye & ear protection
- ⦿ Equipment handling
- ⦿ Use of proper ammunition
- ⦿ Range operation

Never	Sometimes	Almost Always	Always

Demonstrates knowledge of pistol equipment, including

	Instructor Initials	Date
⦿ Pistol types	_____	_____
⦿ Parts of the pistol	_____	_____
⦿ Ammunition (types, components, function)	_____	_____
⦿ Pistol operation	_____	_____
⦿ Targets & target identification	_____	_____

Demonstrates knowledge of proper pistol shooting form, including:

⦿ Eye dominance	_____	_____
⦿ Stance 1 handed	_____	_____
⦿ Stance 2 handed	_____	_____
⦿ Sight alignment/sight picture	_____	_____
⦿ Trigger control	_____	_____
⦿ Follow though	_____	_____

Air Pistol
Shooting Record

Include at least five visits per year to a 4-H practice or any competitive event

Date	Location	Event	Practice or Competition	Scores