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HANDGUN PROFICIENCY TESTING RECORD

STUDENT NAME: _____
LAST NAME FIRST NAME M.I.

APPOINTING AGENCY: _____ OPEN ENROLLMENT
CHECK

HANDGUN MAKE: _____ MODEL: _____ CALIBER: _____

SPO	ACTIVITY / TECHNIQUE	TEST 1	TEST 2
3	Demonstrate loading the semi-automatic pistol		
	Insert loaded magazine into magazine well		
	Push magazine until seated		
	Rack the slide		
	If the pistol is not going to be fired immediately, engage safety device or de-cock if appropriate		
4	Demonstrate unloading the semi-automatic pistol		
	With muzzle awareness, the weapon is pointed in a ballistically sound direction, and with your finger off the trigger, remove the magazine		
	Rack the slide several times – watching the round eject onto the ground		
	Do not attempt to catch the round		
	Lock the slide to the rear		
	Physically and visually check the chamber and magazine well		
	Look away		
	Physically and visually check chamber and magazine well a second time		
	Let slide move forward		
	Return pistol to holster		
5	Demonstrate proficiency by shooting a passing score on the qualification standards		

Enter P or F only

CERTIFYING INSTRUCTOR(S) SIGNATURE(S) & OPOTC INSTRUCTOR:

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE _____ OPOTC #: _____ EXP.: _____

SCHOOL NAME: _____ SCHOOL NO.: _____

COMMANDER SIGNATURE: _____ DATE: _____

NO STAMPS / ORIGINAL SIGNATURES ONLY

**OHIO PEACE OFFICER TRAINING COMMISSION
RANGE PROFICIENCY RECORD: HANDGUN**

NAME: _____ AGENCY: _____

SCHOOL NAME: _____ SCHOOL NO.: _____

WEAPON MAKE: _____ MODEL: _____

HITS IN THE PREFERRED AREA (**PA**) COUNT AS A PLUS ONE (+1)

HITS IN THE NON-PREFERRED AREA (**NPA**), BUT INSIDE OF THE TARGET OUTLINE ARE A ZERO (0)

ROUNDS NOT FIRED (**NF**) ARE ZERO (0)

HITS OUTSIDE OF THE TARGET OUTLINE (**MISS**), OFF OF THE TARGET (**MISS**), OR FIRED OVER THE TIME LIMIT (**OT**) ARE A MINUS 1 (-1), EXTRA ROUNDS FIRED (**ERF**) ARE MINUS 1 (-1).

STAGE 1 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 2 2 HITS IN THE PREFERRED AREA, ONE HIT IN THE HEAD OR HIP

PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____ Head miss: _____

STAGE 3A PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 3B PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 4 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 5 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

STAGE 6 PA: _____ NPA: _____ NF: _____ MISS: _____ OT: _____ ERF: _____

SUB TOTALS: _____ MISS: _____ OT: _____ ERF: _____ Head miss: _____

TOTAL: _____ (PASSING IS A MINIMUM OF 20)

DATE TESTED: _____ PASSED: _____ FAILED: _____

INSTRUCTOR SIGNATURE: _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE: _____ OPOTC #: _____ EXP.: _____

INSTRUCTOR SIGNATURE: _____ OPOTC #: _____ EXP.: _____