

PROGRAM'S FULL NAME

STANDARD OPERATING PROCEDURES – FIREARMS

Purpose

Firearms are vital tools needed to accomplish the [Program's full name \[acronym/XXXX\]](#) goal of controlling [invasive vertebrates](#). Use of a firearm is, under certain situations, the only viable and humane option to remove these species. However, the use of a firearm comes with heightened levels of responsibility, accountability, and liability. Policies and procedures to store, issue, use, and care for firearms must be established, and enforced to ensure the highest level of safety for all personnel including volunteers recruited through University of Hawaii and the Pacific Cooperative Studies (PCSU) [\[add other sources your program uses\]](#). This **Standard Operating Procedures – Firearms** provides the procedures to ensure the safe operation of firearms while carrying out [XXXX's](#) essential [Invasive Vertebrate Management](#) program. This SOP must be periodically reviewed and revised as necessary to improve program safety.

All approved employees and volunteers permitted to use firearms under the [XXX Invasive Vertebrate Management](#) program shall have a thorough understanding of this SOP. [XXXX](#) will have the right to (temporarily or permanently) suspend or revoke any individual's right to use firearms at any time. Failure to comply with this SOP will result in severe disciplinary action to any [XXXX](#) employee, or termination of services for any non-[XXXX](#) individual.

Policy

1. Firearms use is for the [XXXX Invasive Vertebrate Management](#) program when no other means of control is feasible or humane.
2. The [XXXX Manager](#) **must be a Regular Status RCUH employee and** shall appoint a Firearms Custodian and may appoint a second Firearms Custodian as staff growth permits.
3. The [XXXX](#) Firearms Custodian shall:
 - a. **Must be a Regular Status RCUH employee and** approve all firearms use within [XXXX](#) programs,
 - b. Verify the employee and volunteer's firearms certification such as a federal firearms certification or National Rifle Association (NRA) firearms training ([handgun, rifle, and/or shotgun](#)) and State of Hawaii Hunter's Safety Course,
 - c. Verify ownership registration for all personal firearms used in the program,
 - d. Maintain copies of employee's and volunteer's firearms certifications, firearms ownership registrations, and current Hawaii Drivers License or other photo identification,

- e. Ensure the employee/volunteer reads and understands this Firearms SOP and has signed the appropriate Program's full name Firearms SOP Acknowledgement form,
 - f. Insure all other **XXXX** project SOP protocols are followed,
 - g. Investigate any safety procedure violations or incidents,
 - h. Revoke an approved employee or volunteer's use of firearms for all **XXXX** activities should any unsafe situation or incident warrant such action, or due to any violation of the policies and procedures of this Firearms SOP.
4. Use of firearms will be strictly limited to those personnel (**authorized XXXX** staff and volunteers) passing firearms certification training, an annual criminal background check, acknowledging that he or she has read and understands this Firearms SOP, and demonstrating the highest degree of firearms proficiency and safety.
 5. Any employee incident involving failure to follow this or any other applicable **XXXX** SOP, or indications of decreased firearms proficiency or safety, will result in the immediate revocation of permission **to participate in XXXX firearms programs by the XXXX Manager** and may result in disciplinary action if the revocation involved policy or safety violation(s). **The XXXX Manager will also revoke the XXXX employee's firearms use if the employee is arrested for any violent crime or domestic violence, disciplined for work rule violation or work performance, placed on performance probation, or has an Annual Performance Evaluation rated at "Marginal". The decision to revoke an employee's firearms use will be reported immediately to the RCUH Director of Human Resources and the PCSU Principal Investigator. Final determination of whether additional discipline or the duration of the revocation will depend on the facts and circumstances of each case.**
 6. Firearms-certified and approved **XXXX** employees and volunteers are responsible and accountable for their actions involving firearms use under the **XXXX Invasive Vertebrate Management** program.
 7. Any employee failure to comply with this Firearms SOP policy or procedures for firearm's storage, check-in/check-out, maintenance, transportation and field use, and additional safety measures may jeopardize his/her employment with the **XXXX** and the Pacific Cooperative Studies Unit (PCSU)/Research Corporation of the University of Hawaii (RCUH).
 8. Volunteers will lose their firearms privilege for all **XXXX** managed **Invasive Vertebrate Management** program activities if they fail to comply with this Firearms SOP; this includes any observations of decreased proficiency or safety with firearms. Such failure to comply may jeopardize that volunteer's ability to continue volunteering with **XXXX**; the Firearms Custodian will consult with the **XXXX Manager** for final determination.

Requirements

Project firearms use by **XXXX** staff, personal firearms use by **XXXX** staff, and personal firearms use by volunteers shall be limited to those identified and approved by the Firearms Custodian or **XXXX Manager** to accomplish assigned job duties (for staff) and project needs (for volunteers.) Pursuant to the Pacific

Cooperative Studies Unit's Standard Operating Procedures Guidelines for Field Operations, staff and volunteers using firearms must **prior to being authorized to use firearms for XXXX programs:**

1. Pass a firearms (**handgun, rifle, and/or shotgun**) certification such as those provided by a federal agency or by the National Rifle Association (NRA). Recertification must be passed as applicable to the certifying entity.
2. Pass the State of Hawaii Hunter's Safety Course.
3. Pass an annual criminal background check **through the county police station**. Individuals convicted of any felony involving the use/possession of firearms or domestic violence will be prohibited from possessing or using any firearms. Individuals arrested for any felony involving the use/possession of firearms or domestic violence must inform the **XXXX Manager** immediately (i.e., first day of work or activity with **XXXX** and will be temporarily suspended from using any firearm until such arrest has been formally adjudicated.
4. Provide a copy of ownership registration for all personal firearms approved by the Firearms Custodian or **XXXX Manager** for use in **XXXX Invasive Vertebrate Management** program.
5. Read and understand this Firearms SOP provided by the Firearms Custodian and sign the **Program's full name** Firearms SOP Acknowledgement – Employee or **Program's full name** Firearms SOP Acknowledgement – Volunteer form.
6. Abide by all state and federal laws relating to firearms, this Firearms SOP, and any other applicable **XXXX** SOPs.

Designation of additional **XXXX** Firearms Custodians **will be made** by the **XXXX Manager**.

RCUH at any time may suspend/terminate its authorization to allow "personal firearms" in job related activities.

Procedures

Firearms & Ammunition: Acceptable Sources

1. A **XXXX** purchased and registered firearm is for **XXXX** staff use only. Department of Land and Natural Resources (DLNR) may purchase, register, and transfer firearms to the **XXXX** through an MOU.
2. Personally owned firearms are permitted for the **XXXX Invasive Vertebrate Management** program; approved **XXXX** employees or volunteers may bring their firearm to the **XXXX** workplace only when preparing for the immediate deployment to the field operation or returning from a field operation requiring the firearm. The workplace is defined as the office, baseyard, and/or field camping sites, and in a **XXXX** vehicle being used to transport staff or volunteers from the baseyard to a work site requiring the firearm, and back.

3. Only XXXX-issued ammunition will be used for XXXX-owned, staff-owned, and volunteer-owned firearms. Approved XXXX staff and volunteers CANNOT USE PERSONAL AMMUNITION. All XXXX-issued ammunition is accountable.

Storage of Firearms and Ammunition

1. When not in use, all XXXX firearms shall be stored in an approved gun safe following proper federal and local guidelines, and State statute 134-10.5. The XXXX gun safe is at the Location. Three “locks” provide security for the firearms; [describe/list your first two locks] and the gun safe lock. The Firearms Custodian or XXXX Manager is responsible for ensuring that the gun safe is locked at all times, except when issuing a firearm and ammunition or when performing inventory.
2. The safekeeping of keys and combinations to the gun safe and firearms will be the responsibility of the Firearms Custodian and XXXX Manager.
3. All ammunition required for the XXXX firearms, and approved staff and volunteer personal firearms shall be stored in the gun safe and accessible to only the Firearms Custodian and XXXX Manager. When storage space becomes an issue, XXXX will purchase another gun safe.

Checkout and Check-in

1. Only the Firearms Custodian or XXXX Manager may issue XXXX firearms. The Firearms Custodian and the XXXX Manager are responsible for keeping accurate records for the XXXX-owned firearms and shall maintain the XXXX Chain of Custody Form for each firearm.
2. Each XXXX firearm shall be issued with its case, trigger lock, and key. The Firearms Custodian will ensure that the firearm is clean and functioning properly prior to issue. The recipient employee will ensure the firearm is clean and functioning upon returning the firearm; cleaning kits are available at [Location].
3. Each firearm shall be issued under that firearm’s XXXX Chain of Custody Form. The employee signing out the firearm must also be the person signing in the firearm to the Firearms Custodian or XXXX Manager; another employee cannot return the firearm. The XXXX employee receiving the firearm and the issuer (Firearms Custodian or XXXX Manager) must check to ensure that the firearm’s serial number matches the form’s serial number when there are more than one firearm of the same make and model.
4. The Firearms Custodian or XXXX Manager shall issue ammunition to the employee and volunteer, and update the appropriate XXXX Ammunition Inventory Sheet. After the operation, XXXX staff and volunteers will return all unused rounds and if practicable to collect, the empty casing(s) and/or ejected unfired cartridge(s) to the Firearms Custodian or XXXX Manager; the XXXX Ammunition Inventory Sheet will be updated as necessary.
5. The Firearms Custodian is responsible for the general maintenance of all XXXX-owned firearms, and follows a checklist to ensure a uniform inspection of each firearm.

Safe Transport and Field Use

1. All safety precautions and procedures will be followed, including:

- a. Obtaining supervisory approval,
 - b. Establishment of and adherence to work location and animal removal operational plan,
 - c. Planned radio or cell phone checks.
2. Transportation to the field meeting and/or project area for XXXX animal removal operation:
- a. Prior to leaving the XXXX Location, the Firearms Custodian will inspect the XXXX staff-owned firearms and trigger locks to ensure they are clean and in working order; if the personal firearm has not been maintained and does not appear functional, the Firearms Custodian will disallow its use until the weapon is cleaned and in proper working order. The Firearms Custodian or XXXX Manager will issue the ammunition for the approved XXXX staff firearm at that time. Any XXXX volunteer meeting at the XXXX Location will also have their firearm and trigger lock inspected and ammunition issued at that time.
 - b. When en route to the field meeting area from XXXX Location or from a location other than the XXXX Location, all firearms (project-owned, personal staff, and volunteer) must be unloaded in their case with trigger lock engaged, and placed in the vehicle trunk or under/behind the seat, or covered and out of view. Ammunition issued at the XXXX Location must be stored out of view, in a separate location, and not within any occupant's reach (State statute 134-5a and 134-6c).
 - c. XXXX staff and volunteers with firearms being driven in a XXXX, state or private vehicle to an initial field meeting may not take their firearms out of their vehicle until instructed by the Firearms Custodian. The meeting area is normally a location where all those participating in the XXXX-managed operation initially meet; this location may also be the start of the operation. On some occasions, the meeting area may be used to consolidate vehicles prior to driving to the project area to lessen the number of vehicles on the road or traversing private or government lands. For those occasions, the firearms may be transferred from one vehicle to another's safe/secured site.
 - d. Volunteers utilizing their own vehicles to transport their firearm to the meeting area or to the project area prior to the XXXX-managed operation will keep their firearm in the vehicle until the Firearms Custodian has briefed them on the upcoming field operation. The briefing is the start of the volunteer's active participation in the XXXX program.
 - e. Only after this briefing will the XXXX staff and volunteer be allowed to remove their approved firearm from the vehicle to start the operation.
 - f. All volunteers who did not leave from the XXXX Location will then have their approved firearm inspected by the Firearms Custodian to ensure the firearms are clean. Ammunition will then be issued to the volunteer.
3. At the end of the XXXX-managed operation and upon returning to the field meeting or project area and parked vehicles:
- a. Each person (authorized XXXX staff and volunteer) will check to ensure their firearm is unloaded.

- b. Firearms will be trigger locked and secured in their case.
 - c. The case will be secured in the vehicle; the Firearms Custodian will ensure this is done.
 - d. Unused volunteer ammunition and fired shell casings will be returned to the Firearms Custodian.
 - e. XXXX staff approved firearms and ammunition will be kept in a separate location in their vehicle in accordance with State statute 134-5a and 134-6c.
 - f. The Firearms Custodian will conduct an operations debriefing and closeout.
 - g. XXXX employees will return to the XXXX Location by the most direct practical route.
 - h. Any volunteer returning to the XXXX Location (also by the most direct practical route) will have their volunteer status end upon leaving the XXXX Location.
 - i. Volunteers not returning to the XXXX Location will have their volunteer status end after the debriefing/closeout.
4. Written or email approval must be obtained from any landowner before transporting and using a firearm on their property.
 5. When flying in OAS-approved helicopters, the firearm shall be unloaded, in its case with trigger lock engaged and, if possible, transported in an external load.
 - a. If external loads are not part of the helicopter operation, firearms and ammunition will be transported within the back seat area or in an approved cargo pod of the MD500D or E model helicopter or rear cargo compartment for Bell or Eurocopter helicopters.
 - b. For the MD500D/E handguns will be in a backpack and secured behind the back seat; rifles and shotguns will be in their case also stored behind the back seat.
 - c. Pilot must be notified ahead of time and give permission for the firearms and ammunition to be transported internally.
 6. Prior to use of a firearm in the field, a written checklist will be completed to insure that all individuals will have and carry all safety equipment and PPE, including:
 - a. First aid kit
 - b. Radio or cell phone and spare battery; if the activity area has no radio or cellular phone coverage, an EPIRB or PLB will be taken.
 - c. Ear and eye protection
 - d. High visibility cap, and high visibility shirt or vest

7. While in the field and being carried from point A (start of the hike) to point B (where it will be used), handguns must be unloaded and trigger locked in their case and carried in a backpack; rifles and shotguns will be unloaded and trigger locked in their cases.
8. When in an area where the firearms will be used, the firearms will be removed from their case, and trigger locks removed. Handguns may be loaded and holstered (if personally available) but returned to their case unloaded for safety when not in imminent use. Rifles and shotguns will be loaded only when they will be used immediately or imminently.
9. When the firearm is no longer being used for the operation, the empty casing(s) or unfired cartridge(s) are to be ejected and collected if practicable. The firearm is then to be re-fitted with the trigger lock and placed in its carrying case.
10. There shall be no deviation when returning from a XXXX-managed operation to the XXXX Location with XXXX-issued firearm and ammunition in the vehicle. The most direct route will be taken.
11. All XXXX-issued firearms must be cleaned immediately by the user upon return from the field. The firearm will then be returned to the Firearms Custodian or XXX Manager.
12. No firearm shall be left unattended upon return to the XXXX Location.
13. If the gun safe cannot be opened, the XXXX Manager or the Firearms Custodian will keep the firearm in his/her possession on site until it can be returned to the gun safe. In such situations, the firearm and ammunition must be securely stored in a temporary location at the Location. The firearm will be stored unloaded in its case with the trigger lock engaged.

Additional Safety Measures

1. XXXX firearms shall be kept in a safe operable condition through regular maintenance and proper storage. If there is any doubt in the condition of a XXXX firearm, the Firearms Custodian or XXXX Manager will have the firearm inspected by a reputable certified gunsmith. Likewise, XXXX approved staff and volunteers are required to maintain their personal firearm in a safe operable condition; if in doubt, they are responsible for having their firearms checked by a reputable certified gunsmith.
2. Know how to use the firearm safely. Know the basic parts: how to safely open and close the action, and how to remove ammunition from chambers and/or magazines.
3. Carry only one type of XXXX-issued ammunition to avoid mixing different types.
4. Employees are responsible for matching the ammunition with the firearm and know the maximum range of the ammunition.
5. During a XXXX operation:
 - a. Know your target! Never rush a shot and at NO TIME take a shot without positively identifying the target and the background.
 - b. Wear eye and ear protection as appropriate.

- c. Never fire at surfaces that can cause a bullet, shot, or slug to ricochet, such as water or hard flat surfaces.
 - d. If you notice a **XXXX** employee or volunteer using a firearm and showing signs of fatigue, stop the operation and have that person unload their firearm and place it back in the case.
 - e. Maintain radio or verbal communications at all times.
 - f. Wear bright-colored safety vest or T-shirt and cap at all times during the operation.
 - g. Carry the firearms in a safe and secure manner with an empty chamber when not in use.
 - h. Always point the muzzle in a safe direction during the operation.
6. If the cartridge fails to fire when the trigger is pulled, keep the firearm pointed in a safe direction as it might still fire. Do not attempt to open the action to remove the cartridge for at least 30 seconds. Contact the Firearms Custodian as soon as practicable; do not use that firearm until the Firearms Custodian has cleared it for use.
7. If you notice anything unusual when a shot is fired, such as a difference in recoil or in noise, stop using the firearm immediately. Keep the muzzle pointed in a safe direction, keep your finger off the trigger, and unload the firearm after 30 seconds. With the action open, safely inspect the barrel for obstructions. Contact the Firearms Custodian as soon as practicable; do not use that firearm until the Firearms Custodian has cleared it for use.

Semi-Annual Site Inspections

The PCSU Principal Investigator (PCSU PI) and/or his designated representative will semi-annually inspect the **XXXX**-owned firearms and ammunition inventories. They will notify the **XXXX Manager** and Firearms Custodian prior to the inspection. The semi-annual inspection will include:

1. Examining each firearm to ensure it is being maintained, such as the firearm is clean, there are no broken or missing parts, and the action smooth during dry firing. The PCSU PI/designated representative will verify that he has inspected the firearm and the Chain of Custody Form is accurate by signing and dating each firearm's form.
2. Inventory each type of ammunition via the Ammunition Inventory Sheet to ensure the amounts on-hand are reflected accurately on the inventory sheet. The PCSU PI/designated representative will sign and date each Ammunition Inventory Sheet to verify its accuracy. If the totals do not match, the PCSU PI/designated representative will inquire with the Firearms Custodian to resolve the difference.

Disposition

Any XXXX-owned firearm that is no longer in safe useable condition will be properly disposed of following all applicable local/state rules and regulations. Any XXXX-owned firearm deemed surplus may be transferred to another PCSU program following all applicable local/state rules and regulations.

Reviews and Updates

This SOP will be reviewed and updated at a minimum, annually (based on approval date), by the XXXX Manager or and Firearms Custodian. The SOP may be reviewed at anytime if additional procedures or safety updates will improve the document; an electronic update will be sent to the PCSU PI for his review and approval. A new signature page will be completed for final approval.

Previous version's approval date: original

Attachments

[Program's full name] FIREARMS SOP ACKNOWLEDGEMENT - Employee
[Program's full name] FIREARMS SOP ACKNOWLEDGEMENT - Volunteer
XXXX Firearms Chain of Custody Form
XXXX Ammunition Inventory Sheet

XXXX SOP – Firearms

Signature Page

Submitted by/Date:

[full name of] Manager
[Program’s full name]

Submitted by/Date:

[full name of] Firearms Custodian
[Program’s full name]

Approved by/Date:

[PI’s full name], Principal Investigator
Pacific Cooperative Studies Unit

PROGRAM FULL NAME

FIREARMS SOP ACKNOWLEDGEMENT - Employee

DATE: _____

TO: Xxxxxx Yyyyyy, Program leader
 Xxxxxx Yyyyyy, Program Lead Firearms Custodian

FROM: Program Employee _____

I acknowledge reading and understanding the Program SOP Firearms. I further acknowledge that I will abide by the policies and procedures of this SOP.

If I am using my own personal firearm for the Program small predator mammal and ungulate management program, I will submit the required certifications and ownership registration papers for that firearm, a copy of my photo identification, and present my firearm and trigger lock for inspection by the Lead Firearms Custodian or other FC prior to each use. I also acknowledge that my firearm and accessories (trigger lock, scope, case, strap, etc.) are in operable condition for the Program ungulate management program; should an item become damage during the Program activity I will replace or repair the item at no cost to Program.

If I fail to follow this SOP or any other Program SOP, I acknowledge that my use of firearms for the Program ungulate management program will be revoked and disciplinary action may be taken.

Signature

Date

PROGRAM FULL NAME

FIREARMS SOP ACKNOWLEDGEMENT - Volunteer

DATE: _____

TO: Xxxxxx Yyyyyy, Program leader
 Xxxxxx Yyyyyy, Program Lead Firearms Custodian

FROM: PROGRAM Volunteer _____

I acknowledge reading and understanding the PROGRAM SOP Firearms. I further acknowledge that I will abide by the policies and procedures of this SOP.

In order to participate with the PROGRAM small predator mammal and ungulate management program, I will submit the required certifications and ownership registration papers for the personal firearm that I will use as a volunteer, a copy of my photo identification, and present my firearm and trigger lock for inspection by the Lead Firearms Custodian or other FC prior to each use. I also acknowledge that my firearm and accessories (trigger lock, scope, case, strap, etc.) are in operable condition for the PROGRAM ungulate management program; should an item become damage during the PROGRAM activity I will replace or repair the item at no cost to PROGRAM.

If I fail to follow this SOP or any other PROGRAM SOP, I acknowledge that my use of firearms for the PROGRAM ungulate management program will be revoked and that I may not be allowed to further volunteer in any capacity with PROGRAM.

Signature

Date

PROGRAM Field checklist

- First aid kit
- Radio and spare battery; if the activity area has no radio or cellular phone coverage, an EPIRB or PLB will be taken.
- Ear and eye protection
- High visibility cap, and high visibility shirt or vest

