



**AMUSEMENT DEVICE – OPERATIONAL CHECKLIST**

Date:	Time:	Owner/Agent/Company Name:	Phone Number:	Cell Phone Number:	Fax Number:
	<input type="checkbox"/> AM <input type="checkbox"/> PM				
<b>Contact Person Name:</b>		<b>Owner/Agent/Company Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Playing Location Street Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip Code:</b> <b>County:</b> <b>County Code:</b>
<b>Type of Event:</b> <input type="checkbox"/> Fair <input type="checkbox"/> Festival <input type="checkbox"/> Permanent Park <input type="checkbox"/> Other:					

**1. Operation Checks:**

- (a) **Operator in place and paying attention to ride and patrons?**  Yes    No  
 Explain: \_\_\_\_\_

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- (b) **Attendants in place and paying attention to ride and patrons (if required)?**  Yes    No  
 Explain: \_\_\_\_\_

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- (c) **Ride being operated correctly?**  Yes    No  
 Explain: \_\_\_\_\_

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- (d) **Patrons properly loaded and seated in/on carriers?**  Yes    No  
 Explain: \_\_\_\_\_

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- (e) **Patrons compatible with ride/attraction?**  Yes    No  
 Explain: \_\_\_\_\_

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- (f) **Queue line in place?**  Yes    No  
 Explain: \_\_\_\_\_

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- (g) **Ride area maintained in a clean condition?**  Yes    No  
 Explain: \_\_\_\_\_

**2. Safety Checks:**

- (a) **Ride properly erected and maintained?**  Yes    No  
 Explain: \_\_\_\_\_

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- (b) **Fencing in place and properly constructed?**  Yes    No  
 Explain: \_\_\_\_\_

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- (c) **Signs in place?**    Yes    No  
 Specify:  
 Ride Rules    Safety Rules    Wind Speed    Height Requirements  
 Other:  
 Explain: \_\_\_\_\_

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- (d) **RPM's of ride verified?**  Yes    No  
 Explain: \_\_\_\_\_

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- (e) **Electrical wiring/equipment correct?**  Yes    No  
 Specify:  
 Adequate Lighting    Junction Box(es)    Electrical Wiring Methods    Fuseing    Conductors  
 Grounding    Receptacles    Disconnecting Means    Cam Locks    Public Protection  
 Plugs    Drop Cords    Overhead Electrical Lines    Ground Rods    Fire Extinguisher  
 Splices    Other:  
 Explain: \_\_\_\_\_

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- (f) **Ride secured with blocking, cribbing, outriggers, guides, or other means?**  Yes    No  
 Explain: \_\_\_\_\_

(g) Ride equipped with at least 2 exits (if required)?  Yes  No

Explain: \_\_\_\_\_

(h) Ride equipped with safe and adequate means of access and egress?  Yes  No

Explain: \_\_\_\_\_

(i) Ride equipped with signal systems for starting and stopping (if required)?  Yes  No

Explain: \_\_\_\_\_

(j) Machinery enclosed, barricaded, or otherwise guarded?  Yes  No

Explain: \_\_\_\_\_

(k) Interior and exterior parts free from sharp, rough or splintered edges and corners, with no protruding studs, bolts, screws, etc.?  
 Yes  No

Explain: \_\_\_\_\_

(l) Belts, bars, foot rests and other equipment necessary for safe entrance and exit and for support are operational?  
 Yes  No

Explain: \_\_\_\_\_

**3. Documentation checks:**

(a) Training records for operator(s) and attendant(s) seen?  Yes  No

Explain: \_\_\_\_\_

(b) Daily inspection and test records seen?  Yes  No

Explain: \_\_\_\_\_

(c) Ride manual(s) seen?  Yes  No

Explain: \_\_\_\_\_

Inspector Remarks: \_\_\_\_\_

**4. Corrective Action:**

\*FIRST WARNING – Ride NOT Shut Down  Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Operator Warned – Ride NOT Shut Down  Yes  No

Attendant Warned – Ride NOT Shut Down  Yes  No

Owner Notified of Warning and Problem(s)  Yes  No

Explain: \_\_\_\_\_

\*SECOND WARNING – SHUT DOWN OF DEVICE  Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Ride Shut Down/Shut Down Order Filled Out  Yes  No

Operator(s) Name: \_\_\_\_\_

Attendant(s) Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Explain: \_\_\_\_\_

Inspector Remarks: \_\_\_\_\_

Inspector Name

Code

Inspector Signature

Date