



# AMUSEMENT RIDE SAFETY INSPECTION REPORT

Missouri Division of Fire Safety  
Amusement Ride Safety Unit  
P.O. Box 844  
Jefferson City, MO 65102  
(573) 526-3660

<b>OWNER INFORMATION</b>			
OWNER NAME			DATE OF INSPECTION
BUSINESS NAME		PHONE	
ADDRESS	CITY	STATE	ZIP
<b>RIDE INFORMATION</b>			
RIDE NAME		RIDE DESCRIPTION (EX: METAL ROLLER COASTER, CAROUSEL, ETC)	
MANUFACTURER		MANUFACTURE DATE	
SERIAL NO.	CAPACITY	RPM	DATE OF LAST NDT TEST(S)
Satisfactory - S		UnSatisfactory - XX	
Explain orders below under REMARKS			
<b>FUNDAMENTAL</b>		<b>ENTRANCE &amp; EGRESS</b>	
Upholstery / Seat Conditions		Steps	
Safety Restraints - Lap Bar, Seat Belts, Harness		Ramps	
Tub / Seat Numbering		Platforms	
Tubs / Hazardous Projections / Conditions		Fencing	
Fiber Glass Conditions		Warning Signs / Rider Restrictions	
Fire Extinguisher - NFPA 101		<b>MECHANICAL</b>	
Ride Clearance of Obstructions		Drive	
Manufacturer's Manual		Sheaves	
Daily Inspection Log		Single Point Suspension	
Maintenance Log		Guarding Moving Parts & Chains & Belts	
Operator Training Program		Hydraulic System	
Proper Operating Procedures when Observed		Lubrication	
Dark Rides - per NFPA 101		Anti-Rollback Devices	
		Brakes	
		Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal.	
<b>OTHER</b>			
Reviewed NDT Test Reports			
<b>IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES</b>			
<b>REMARKS:</b>			
<b>NOTE:</b> This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection.			
SIGNATURE OF INSPECTOR			DATE
PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY			