

WEST VIRGINIA DIVISION OF LABOR
SAFETY SECTION
ROOM 749-B BUILDING 6 STATE CAPITOL COMPLEX
CHARLESTON, WV 25305

FILE # _____ PERMIT# _____
 COMPANY: _____ STATIONARY _____ MOBILE _____
 EVENT: _____ LOCATION AT TIME OF INSPECTION: _____
 RIDE/ATTRACTION: _____ SERIAL # _____

O-DOES NOT APPLY X-UNSATISFACTORY -SATISFACTORY
 (EXPLAIN ALL X-UNSATISFACTORY UNDER COMMENTS)

GENERAL AMUSEMENT RIDES

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| <input type="checkbox"/> OPERATION MANUAL <input type="checkbox"/> DAILY INSPECTION LOG <input type="checkbox"/> OPERATOR TRAINING PROGRAM <input type="checkbox"/> OBTAINED COPIES OF ALL NDT REPORTS <input type="checkbox"/> MANUFACTURERS DATA PLATE <input type="checkbox"/> ELECTRICAL CIRCUIT GROUNDING <input type="checkbox"/> MIDWAY ELECTRICAL BOXES <input type="checkbox"/> ELECTRIC DISCONNECT FOR RIDE <input type="checkbox"/> LIGHTING EQUIPMENT WIRING <input type="checkbox"/> MIDWAY ELECTRICAL CABLE PROTECTION <input type="checkbox"/> SWEEPS <input type="checkbox"/> HITCHES <input type="checkbox"/> EARS <input type="checkbox"/> BRACING <input type="checkbox"/> LEVELING <input type="checkbox"/> BLOCKING <input type="checkbox"/> STRUCTURE <input type="checkbox"/> FIRE RESISTANT <input type="checkbox"/> AXLES <input type="checkbox"/> SHAFTING <input type="checkbox"/> WHEELS <input type="checkbox"/> PIVOTS <input type="checkbox"/> GEARS <input type="checkbox"/> PINS <input type="checkbox"/> SHEAVES <input type="checkbox"/> BOLTED <input type="checkbox"/> CORRECT GRADE OF BOLTS <input type="checkbox"/> FASTENERS, SAFETY CLIPS, R-KEYS, ETC. <input type="checkbox"/> WIRE ROPE GUYS <input type="checkbox"/> SINGLE POINT SUSPENSION | <input type="checkbox"/> GUARDING, CHAINS, BELTS, ETC. <input type="checkbox"/> HYDRAULICS <input type="checkbox"/> HOSES <input type="checkbox"/> PISTONS <input type="checkbox"/> COMPRESSOR TANK <input type="checkbox"/> SAFETY VALVE <input type="checkbox"/> LUBRICATION <input type="checkbox"/> UPHOLSTERY <input type="checkbox"/> SEAT CONDITION <input type="checkbox"/> SAFETY RESTRAINTS <input type="checkbox"/> LAP BAR <input type="checkbox"/> SEAT BELTS <input type="checkbox"/> TUBS <input type="checkbox"/> NUMBERS <input type="checkbox"/> FREE OF HAZARDOUS PROJECTIONS <input type="checkbox"/> SAFETY STOPS <input type="checkbox"/> EMERGENCY STOP <input type="checkbox"/> ANTI-ROLLBACK DEVICES <input type="checkbox"/> BRAKES <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> SMOKE DETECTORS <input type="checkbox"/> EMERGENCY LIGHTING <input type="checkbox"/> RIDE CLEARANCE <input type="checkbox"/> WIRES <input type="checkbox"/> TREES <input type="checkbox"/> EGRESS <input type="checkbox"/> STEPS/RAMPS/PLATFORMS <input type="checkbox"/> WARNING SIGNS <input type="checkbox"/> FENCES <input type="checkbox"/> HEIGHT SIGNS <input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> AGE OF OPERATORS <input type="checkbox"/> SIGNS OF EMPLOYEE INTOXICATION |
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INFLATABLE WATER SLIDE

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| <input type="checkbox"/> OPERATION MANUAL <input type="checkbox"/> DAILY INSP. LOG <input type="checkbox"/> OPERATOR TRAINING PROGRAM <input type="checkbox"/> MANUFACTURERS DATA PLATE <input type="checkbox"/> ELECTRICAL CIRCUIT GROUNDING <input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> GUARDING, PROPELLER AND EXHAUST <input type="checkbox"/> SEAT CONDITION <input type="checkbox"/> SAFETY RESTRAINTS <input type="checkbox"/> TIE DOWN SPIKE COVERED <input type="checkbox"/> FREE OF HAZARDOUS PROJECTIONS <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> RIDE CLEARANCE <input type="checkbox"/> WIRES <input type="checkbox"/> TREES <input type="checkbox"/> EGRESS <input type="checkbox"/> STEPS/RAMPS/PLATFORMS <input type="checkbox"/> WARNING SIGNS <input type="checkbox"/> FENCES <input type="checkbox"/> HEIGHT SIGNS <input type="checkbox"/> AGE OF OPERATORS <input type="checkbox"/> SIGNS OF EMPLOYEE INTOXICATION |
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GO KARTS BUMPER BOATS

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| <input type="checkbox"/> OPERATION MANUAL <input type="checkbox"/> DAILY INSP. LOG <input type="checkbox"/> OPERATOR TRAINING PROGRAM <input type="checkbox"/> MANUFACTURERS DATA PLATE <input type="checkbox"/> LIGHTING EQUIPMENT WIRING <input type="checkbox"/> AXLES <input type="checkbox"/> SHAFTING <input type="checkbox"/> WHEELS <input type="checkbox"/> PIVOTS <input type="checkbox"/> GEARS <input type="checkbox"/> PINS <input type="checkbox"/> BOLTED <input type="checkbox"/> CORRECT GRADE OF BOLTS <input type="checkbox"/> FASTENERS, SAFETY CLIPS, R-KEYS, ETC. <input type="checkbox"/> LUBRICATION <input type="checkbox"/> UPHOLSTERY <input type="checkbox"/> SEAT CONDITION <input type="checkbox"/> SEAT BELTS <input type="checkbox"/> CARS NUMBERED <input type="checkbox"/> FREE OF HAZARDOUS PROJECTIONS <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> RIDE CLEARANCE <input type="checkbox"/> WIRES <input type="checkbox"/> TREES <input type="checkbox"/> EGRESS <input type="checkbox"/> STEP/RAMPS/PLATFORMS <input type="checkbox"/> WARNING SIGNS <input type="checkbox"/> TRACK CONDITION <input type="checkbox"/> HEIGHT SIGNS <input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> PROPER CONTAINER FOR FUEL STORAGE <input type="checkbox"/> AGE OF OPERATORS <input type="checkbox"/> SIGNS OF EMPLOYEE INTOXICATION |
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COMMENTS: _____

SIGNATURE OF PERSON RECEIVING REPORT: _____

INSPECTOR'S SIGNATURE: _____ DATE: _____

FAILURE OF INSPECTOR TO CONDEMN ANY UNSAFE CONDITION, OPERATION OR EQUIPMENT AT TIME OF INSPECTION DOES NOT CONSTITUTE APPROVAL.