Missouri Division of Fire Safety
Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2263
amusement@dfs.dps.mo.gov

AMUSEMENT RIDE SAFETY INSPECTION REPORT

OWNER INFORMATION

OWNER NAME	DATE OF INSPECTION

BUSINESS NAME	PHONE

ADDRESS	CITY	STATE	ZIP

RIDE INFORMATION

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 | Does Not Apply - NA

Explain orders below under REMARKS

	FUNDAMENTAL		**ENTRANCE & EGRESS**		**ELECTRICAL**
	Upholstery / Seat Conditions		Steps		Portable Generator Grounded per NFPA
	Safety Restraints - Lap Bar, Seat Belts, Harness		Ramps		Midway Electrical Boxes - Guarding
			Platforms		Electrical Wiring Protected
	Tub / Seat Numbering		Fencing		Electrical Disconnect for Ride
	Tubs / Hazardous Projections / Conditions		Warning Signs / Rider Restrictions		Lighting Equipment Wiring & Secured
	Fiber Glass Conditions				Emergency Stop Switches
	Fire Extinguisher - NFPA 101		**MECHANICAL**		
	Ride Clearance of Obstructions		Drive		**STRUCTURAL**
	Manufacturer's Manual		Sheaves		Bracing
	Daily Inspection Log		Single Point Suspension		Sweeps
	Maintenance Log		Guarding Moving Parts & Chains & Belts		Blocking
	Operator Training Program		Hydraulic System		Gears
	Proper Operating Procedures when Observed		Lubrication		Correct Grade of Bolts
			Anti-Rollback Devices		Fasteners, Safety Clips, R-Keys, Pins, Etc
	Dark Rides - per NFPA 101		Brakes		Wire Rope Inspection
			Air Tank - requires Missouri Inspection		
	OTHER		Certificate if >5 cu. ft. or 38 gal.		
	Reviewed NDT Test Reports				

IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES

REMARKS:

NOTE: 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