



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES OWNER'S DAILY INSPECTION REPORT (BUNGY)

**NICOLE "NIKKI" FRIED
 COMMISSIONER**

Section 616.242(15), Florida Statutes, Rule 5J-18.0012, F.A.C.

Phone: 1-800-435-7352; Fax: (850) 410-3797
 FairRides@FDACS.gov

COMPANY _____ RIDE NAME _____ USAID OR SERIAL # _____

INSTRUCTIONS: Use this form for daily inspections of each amusement ride as required by Section 616.242(15), Florida Statutes. When completing an inspection requirement, place a check mark "√" in the space provided to indicate the inspection has taken place and there are no deficiencies. If a deficiency is found, place "X" in the space provided. On the back of this form, record the date the deficiency was found, the deficiency, corrective action and signature and date of person taking corrective action. If an inspection item is not applicable to this ride, put "N" in the space provided. Inspections shall also include all criteria listed on the pre-opening checklists submitted to the department.

| Inspection dates (MM/DD/YY) | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insp. Requirements: | | | | | | | | | | | | | | | | | | | | |
| Signs | | | | | | | | | | | | | | | | | | | | |
| Fencing | | | | | | | | | | | | | | | | | | | | |
| Safety air bag | | | | | | | | | | | | | | | | | | | | |
| Landing area | | | | | | | | | | | | | | | | | | | | |
| Rigging | | | | | | | | | | | | | | | | | | | | |
| Communication system | | | | | | | | | | | | | | | | | | | | |
| Scales | | | | | | | | | | | | | | | | | | | | |
| Jump Point | | | | | | | | | | | | | | | | | | | | |
| Lowering system | | | | | | | | | | | | | | | | | | | | |
| Cords | | | | | | | | | | | | | | | | | | | | |
| Platform | | | | | | | | | | | | | | | | | | | | |
| Condition | | | | | | | | | | | | | | | | | | | | |
| Lifeline | | | | | | | | | | | | | | | | | | | | |
| Safety belts | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | |
| Inspected By Signature | | | | | | | | | | | | | | | | | | | | |

DEFICIENCY LOG *

Document deficiency noted with "X" on front in this table

| Date deficiency noted | Deficiency | Corrective Action | Signature and date |
|-----------------------|------------|-------------------|--------------------|
| | | | |

* Draw horizontal lines to separate entries. Make copies of this form as required.