

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

## FAIR RIDES OWNER'S DAILY INSPECTION REPORT (WATER PARK)

Section 616.242(16), Florida Statutes, Rule 5J-18.0012, Florida Administrative

Code Phone: 1-800-435-7352; Fax: (850) 410-3797

FairRides@FDACS.gov

COMPANY		RIDE NAME					USAID OR SERIAL #							
INSTRUCTIONS: Use this form for in the space provided to indicate deficiency was found, the deficiens shall also include all of	the inspec	tion has take ctive action a	en place and and signatur	there are ne and date	o deficiencies of person tak	s. If a deficie ing correctiv	ency is found	d, place "X" i	n the space	provided. C	n the back	of this form,	record the d	late the
Inspection dates (MM/DD/YY)														
Insp. Requirements:														
Walkways/Stairs														
Fencing/Guarding														
Braces/Supports														
Signs														
Electrical														
Structure Integrity														
Surface of slide														
Pool Condition														
Water markings														
Wave Pool:														
Buoy line														
Emergency stop														
Grates														
Inspected By Signature														

## **DEFICIENCY LOG\***

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

Date deficiency noted	Deficiency	Corrective Action	Signature and date
Date deficiency flotted	Bolloidiley	CONTROLLY C AUGUST	Oignature and date

<sup>\*</sup> Draw horizontal lines to separate entries. Make copies of this form as required.