

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

## FAIR RIDES OWNER'S DAILY INSPECTION REPORT (GO KART TRACK/VEHICLE)

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 space provided to indicate the instruction found, the deficiency, corrective a include all criteria listed on the pre-	pection has action and	s taken place signature ar	e and there a lid date of pe	re no deficie rson taking	ncies. If a det corrective act	ficiency is for	und, place "X	(" in the spa	ce provided.	On the back	of this form,	record the	date the defic	ciency was
Inspection dates (MM/DD/YY)														
Insp. Requirements:														
Track:														
Signs														
Monitors														
Condition														
Emergency controls														
Fire protection														
Refueling area														
Pit area														
Barriers														
Vehicles:														
Governor/Speed limiting														
Restraints														
Brakes/Throttle														
Padding/Roll Bars														
Wheels/Tires														
Fuel tank leakage														
Frame/steering/fasteners														
Safety equipment														
Inspected By Signature														

## DEFICIENCY LOG \*

	Document defice	ciency noted with "X" on front in this table	
Date deficiency noted	Deficiency	ciency noted with "X" on front in this table Corrective Action	Signature and date

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