

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

## FAIR RIDES OWNER'S DAILY INSPECTION REPORT (CARNIVAL TYPE)

Section 616.242(15), Florida Statutes, Rule 5J-18.0012, Florida Administrative Code

NICOLE "NIKKI" FRIED COMMISSIONER

COMPANY

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

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 " $\sqrt{}$ " 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:							
Blocking							
Fencing/Guarding							
Braces/Guys/Anchors							
Signs							
Electrical							
Hydraulics/Pneumatics							
Pins/Bolts/Keys							
Structural Integrity							
Tires/Wheels/Casters							
Bearings/Spindles/Axles							
Track/Rim Iron							
Gen Attachments							
Carrier/Tubs							
Restraints							
Sweeps							
RPM Check							
Controls							
Brakes							
Limit Controls							
Inspected By Signature							

## DEFICIENCY LOG \* Document deficiency noted with "X" on front in this table

Data definionaly nated		d with "X" on front in this table	Signature and data
Date deficiency noted	Deficiency	Corrective Action	Signature and date
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\* Draw horizontal lines to separate entries. Make copies of this form as required. FDACS-03424 Rev. 07/19 Page 2 of 2