

## 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	and there and 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.