

COMMISSIONER

COMPANY

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

OWNER'S DAILY INSPECTION REPORT (CARNIVAL TYPE)

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

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

INSTRUCTIONS: Use this form for daily inspections of each amusement ride as required by Section 616.242(15), Florida Statutes. Inspection requirements are listed on the left side of the table below. Each

RIDE NAME

_____ USAID & SERIAL # _____

day the ride is inspected, enter the														
indicate the inspection has taken deficiency, corrective action and														
table are the minimum requirement														
days of inspections must be kept														e person
inspecting the ride must sign acro	iss the bottor	n of this for	n after each o	dally inspecti	on and theres	by certifies th	at the ride co	omplies with	all requireme	ents of Section	on 616.242, F	-iorida Statu	tes.	
Enter inspection dates														
across the top \rightarrow														
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														
Inspector Signature →								1	1				1	

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

Date deficiency noted	Deficiency	d with "X" on front in this table Corrective Action	Signature and date
Date deficiency floted	Denoiency	CONTROLIVE ACTION	Oignature and date
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^{*} Draw horizontal lines to separate entries. Make copies of this form as required.

FDACS-03424 Rev. 02/17