

DAILY INSPECTION PRE-OPENING CHECKLIST Inflatable Attraction

AMUSEMENT RIDE SAFETY INSPECTION 10946 GOLDEN WEST DR, #160 HUNT VALLEY, MD 21031

Date:	AR#:	
Ride Location Name:		
Ride Location Address:		County: Zip:
for the inflatable attraction I	t I have been given proper instructions for set a am leasing.	
Electrical / Generator	All Items Must Be Marked Off	Accordingly
 Over-current pr Proper electrica Fuel storage, Fi Generator locat General Condition Access and egra Area level, clea Interior clean at Overall condition Number of teth Anchors stakes Weight of anch Blower guards Number of blow Operation Safety rules pos Restriction sign Maximum num Adequate lighti 	rotection, proper wire size and type al connections and in good repair ire protection tion, guarding and in good repair ess ar of debris and sharp objects nd free of debris on cuts netting etc. ers (tie downs), per mfg. . Length, % in the ground or bags Number of bags per & Intake sleeves in good repair wers required for the device per mfg.	Yes No NA Yes <
Required numb	per of operators per mfg.	Yes No NA
manufacturer's specification	training on how to operate the inflatable attrac s. Signature	ction safely in accordance with theDate
Inspection: I certify that I have received	training and am qualified to perform the pre-one inspection was performed in accordance with ons.	

Any <u>Safety deficiencies</u>, which were identified during the inspection, must be indicated in the column labeled NO. It is your obligation to correct any identified deficiencies before operation. A copy of this checklist must be kept on site with the attraction and made available to State Inspectors.