

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:		<u> </u>
Ride Location Address:		County: Zip:
for the inflatable attraction I	at I have been given proper instructions for set up am leasing. Signature	
Name rimeu		
 Proper electrica Fuel storage, F. Generator locate General Condition Access and egr Area level, cleate Interior clean atomical condition Number of teth Anchors stakes Weight of anch Blower guards Number of blown Operation Safety rules potential condition Restriction sign Maximum num Adequate light Trained operator Required numb 	rotection, proper wire size and type al connections and in good repair Fire protection tion, guarding and in good repair ress ar of debris and sharp objects and free of debris ion cuts netting etc. ners (tie downs),per mfg. s. Length, % in the ground nor bags Number of bags per m & Intake sleeves in good repair wers required for the deviceper mfg.	☐ Yes ☐ No ☐ NA ☐ Yes ☐ No ☐ NA
Operator: I certify that I have received training on how to operate the inflatable attraction safely in accordance with the manufacturer's specifications.		
Name Printed	Signature	Date
Inspection: I certify that I have received training and am qualified to perform the pre-opening safety inspection of this inflatable amusement attraction, and the inspection was performed in accordance with the manufacturer's specifications and Maryland Law and Regulations. Name Printed		

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.

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