

Amusement Ride Safety Inspection 10946 Golden West Dr, #160 Hunt Valley, MD 21031 AR.Direct@maryland.gov

Type of Occurrence:	Ride Registrat	ion Number:			
Ride Type:		Ride Name:			
Date of this inspection:	Date of	Occurrence:			
Date of last inspection:	Time of	Occurrence:			
Log Number:	Da	te Reported:			
		_			
Reported By:					
		Phone:			
		_			
Address of Occurrence:					
Temp/Weather Condition:					
Occurrence Description:					
Name of Injured:			Age:		
			Phone:		
			il Address:		
		Lilla			
Parent/Guardian Name:			Phone:		
Name of Injured					
			Dhana		
		_	Phone:		
City, State, Zip:		Ema	il Address:		
Const. No. 1					
Inspector Name:		Ins	spector ID:		
Inspector Signature:				Date:	