



State of Maryland
Periodic Inspection Checklist

AMUSEMENT RIDE
SAFETY INSPECTION
10946 GOLDEN WEST DR, #130
HUNT VALLEY, MD 21031

Date:	Owner:	AR#:
Ride Location Name:		
Ride Location Address:	County:	Zip:

Lessee: I acknowledge and agree that I have been given proper instructions for set up, dismantle and safe operating procedures for the inflatable attraction I am leasing.

Name Printed _____ Signature _____ Date _____

1	Attraction Name:	Registration Number:
2	Attraction Name:	Registration Number:
3	Attraction Name:	Registration Number:
4	Attraction Name:	Registration Number:
5	Attraction Name:	Registration Number:

Please circle Yes No or NA accordingly.

Electrical/Generator	1	2	3	4	5
• Over-current protection, proper wire size and type	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Proper electrical connections and in good repair	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Fuel storage, Fire protection	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Generator location, guarding and in good repair	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
General Condition					
• Access and egress	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Area level, clear of debris and sharp objects	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Interior clean and free of debris	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Overall condition cuts netting etc.	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Number of tethers (tie downs), _____ per mfg.					
• Anchors stakes. Length, _____% in the ground					
• Weight of anchor bags _____ # of bags _____ per mfg					
• Blower guards & Intake sleeves in good repair	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• # of blowers required for the device _____ per mfg.					
Operation					
• Safety rules posted	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Restriction signs posted, Height restriction _____ inches					
• Clearances	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Owner/Pre-Opening	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Documentation	Yes No NA	Yes No NA	Yes No NA	Yes No NA	Yes No NA
• Required number of operators _____ per mfg.					

Any **Safety deficiencies**, 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. Phone: 410.767.2348 Fax: 410.333.7638 Email: AR.Direct@maryland.gov

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 _____ Signature _____ Date _____