



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
BUILDING CODE COMMISSION

One Capitol Hill
Providence, RI 02908-5859
(401)-222-6330 FAX 222-2599

AMUSEMENT RIDE SAFETY PROGRAM

Operator Training
Affidavit

Name of Owner: _____ Owner ID#: _____ Date: _____
Ride Company: _____ Address: _____
Name of Instructor Providing Training: _____ ID # of Instructor: _____
Name of Person Receiving Training: _____ ID# of Person Receiving Training: _____
List of Rides: _____

- 1. _____ 11. _____
2. _____ 12. _____
3. _____ 13. _____
4. _____ 14. _____
5. _____ 15. _____
6. _____ 16. _____
7. _____ 17. _____
8. _____ 18. _____
9. _____ 19. _____
10. _____ 20. _____

Drug Policy Statement

Operators may not operate any ride while under the influence of any drug. Operators must report to owners if they are taking any drugs as a medication. The owner must replace the operator if he/she starts taking a medication that prohibits the operation of equipment while on the drug.

Affidavit

I, _____, have received proper training for the above listed rides. I read, understand and will follow the above stated drug policy.

Signature of training recipient,

Signature of individual providing training,

Name: _____

Name: _____

Date: _____

Date: _____

Notes:

- 1. ID# can be a Driving License Number (including the state where the license was issued), or any other picture ID number.
2. Please attach a brief description of the qualifications (including years of ride-specific experience, education, training and relevant certifications), of the individual providing the training.