STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
BUILDING CODE COMMISSION
Amusement Ride Safety Program
One Capitol Hill
Providence, RI 02908-5859
(401)-222-6330, (401) 487-9928, FAX 222-2599

Ride Bulletin Compliance Documentation

Ride Name/SBC#: Manufacturer: S/N:

Bulletin Number: Date:

Action Required by Bulletin:

_____
_____
_____
_____
_____
_____
_____

Name of Responsible Maintenance Mechanic: Compliance Date:

Description of Actual work performed (attach additional description/documentation sheets as necessary):

_____
_____
_____
_____
_____
_____
_____
_____

Maintenance Mechanic Compliance Certification:

I, _____, certify that I performed/supervised the work necessary and sufficient to achieve compliance with the above indicated bulletin. I filed all documentation, bills of sale of kits and/or replacement parts purchased from the Manufacturer or his approved supplier in the ride file.

Signature,

_____

Certified Welder Certification:

I, _____, License Number: _____ performed/repaired weldments as required by the above bulletin, according to welding processes and procedure specifications provided/approved by the Manufacturer.

Signature

_____