

**STATE OF RHODE ISLAND**

**ANNUAL INSPECTOR AFFIDAVIT FOR AN AMUSEMENT RIDE OR DEVICE**

|   |   |
|---|---|
| RI Inspector's Name:  | Address:  |
| Phone: Home   | WORK:   |
| LICENSE # (if applicable)   |   |
| Amusement Ride owner: Name  | Address   |
| Phone Home:   | Work:   |
| Owner's Name  | Address:  |
| Ride Name:  | Manufacturer:   |
| Year:   | Serial #  |
| State #   | Ride Model<br>Trailer Mount [ ]      Ground Mount [ ] |
| Alterations: 1.   | 2.  |
| Are Alterations Authorized?    Yes [ ]      N/A [ ]                                     | No [ ]  |
| Ride File Jacket: In order [ ]  | Not in order [ ]                                      |
| Are Manufacture's Manual(s) & Bulletins Included in File Jacket?<br>Yes [ ]      No [ ] |   |

**NDT Section**

| Part | Latest NDT Date | NDT Frequency | Result | In RFJ? |
|------|-----------------|---------------|--------|---------|
|      |                 |               |        |         |
|      |                 |               |        |         |
|      |                 |               |        |         |

I, \_\_\_\_\_ of \_\_\_\_\_ on \_\_\_\_\_  
 Inspected the ride above named at \_\_\_\_\_

While the ride was disassembled (down position) and at the time of the inspection: a) I determined that the ride components are structurally sound, free of cracks, bends, breaks, and other defects that would render the ride unsafe for public use. b) I determined that the ride's electric system components are sound and properly listed, and that all over-current protection devices are properly sized. c) I determined that the pneumatic and hydraulic system components are sound and properly listed. d) I found the "ride file" to be up to date and the ride to have followed a proper maintenance program prior to my inspection, including all Safety Bulletin Compliance. At the time of the inspection and upon my approval, I find the ride not requiring any repairs or alterations.

COMMENTS (Please certify here all annual inspections specifically required by a Manufacturer Bulletin, and cite the relevant bulletin number):

\_\_\_\_\_

NOTE: This form shall not be signed and submitted to the state Building Commission if the ride required any repairs following the inspection by the Annual Inspector.

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_