



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

BUILDING CODE COMMISSION
560 Jefferson Blvd.
Warwick, RI 02886
(401)-889-5550 FAX (401)-889-5535

Operator Training Affidavit

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_
Ride Company: \_\_\_\_\_ Address: \_\_\_\_\_
Name of Instructor Providing Training: \_\_\_\_\_
Operator Name: \_\_\_\_\_

Ride Names:

- 1) \_\_\_\_\_ 16) \_\_\_\_\_
2) \_\_\_\_\_ 17) \_\_\_\_\_
3) \_\_\_\_\_ 18) \_\_\_\_\_
4) \_\_\_\_\_ 19) \_\_\_\_\_
5) \_\_\_\_\_ 20) \_\_\_\_\_
6) \_\_\_\_\_ 21) \_\_\_\_\_
7) \_\_\_\_\_ 22) \_\_\_\_\_
8) \_\_\_\_\_ 23) \_\_\_\_\_
9) \_\_\_\_\_ 24) \_\_\_\_\_
10) \_\_\_\_\_ 25) \_\_\_\_\_
11) \_\_\_\_\_ 26) \_\_\_\_\_
12) \_\_\_\_\_ 27) \_\_\_\_\_
13) \_\_\_\_\_ 28) \_\_\_\_\_
14) \_\_\_\_\_ 29) \_\_\_\_\_
15) \_\_\_\_\_ 30) \_\_\_\_\_

Drug/alcohol Policy Statement

Operators may not operate any ride while under the influence of any drug/alcohol. 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 set-up, inspection, and operation, per the rides' Manuals. I have read, understand, and will follow the above stated drug policy.

Signature of training recipient,

Signature of individual providing training,

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_