

**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 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? 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: \_\_\_\_\_