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| --- | --- | --- | --- |
| Date: | Owner: | AR#: | |
| Ride Location Name: | | | |
| Ride Location Address: | | County: | Zip: |

**Lessee:** I acknowledge and agree that I have been given proper instructions for set up, dismantle and safe operating procedures for the inflatable attraction I am leasing.

Name Printed \_\_\_Signature \_\_\_\_Date \_\_\_\_

|  |  |  |
| --- | --- | --- |
| **1** | Attraction Name: | Registration Number: |
| **2** | Attraction Name: | Registration Number: |
| **3** | Attraction Name: | Registration Number: |
| **4** | Attraction Name: | Registration Number: |
| **5** | Attraction Name: | Registration Number: |

Please circle Yes No or NA accordingly.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Electrical/Generator** | **1** | **2** | **3** | **4** | **5** |
| * Over-current protection, proper wire size and type | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Proper electrical connections and in good repair | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Fuel storage, Fire protection | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Generator location, guarding and in good repair | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| **General Condition** |  | | | | |
| * Access and egress | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Area level, clear of debris and sharp objects | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Interior clean and free of debris | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Overall condition cuts netting etc. | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Number of tethers (tie downs), \_\_\_\_\_per mfg. |  |  |  |  |  |
| * Anchors stakes. Length, \_\_\_\_% in the ground |  |  |  |  |  |
| * Weight of anchor bags # of bags \_\_\_\_per mfg |  |  |  |  |  |
| * Blower guards & Intake sleeves in good repair | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * # of blowers required for the device per mfg. |  |  |  |  |  |
| Operation |  | | | | |
| * Safety rules posted | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Restriction signs posted, Height restriction\_\_\_\_inches |  |  |  |  |  |
| * Clearances | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Owner/Pre-Opening | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Documentation | Yes No NA | Yes No NA | Yes No NA | Yes No NA | Yes No NA |
| * Required number of operators per mfg. |  |  |  |  |  |

Any ***Safety deficiencies*,** which were identified during the inspection, must be indicated in the column labeled NO. It is your obligation to correct any identified deficiencies before operation. A copy of this checklist must be kept on site with the attraction and made available to State Inspectors. Phone: 410.767.2348 Fax: 410.333.7638 Email: [AR.Direct@maryland.gov](mailto:AR.Direct@maryland.gov)

**Operator:** I certify that I have received training on how to operate the inflatable attraction safely in accordance with the manufacturer’s specifications.

Name Printed Signature Date

**Inspection:**I certify that I have received training and am qualified to perform the pre-opening safety inspection of this inflatable amusement attraction, and the inspection was performed in accordance with the manufacturer’s specifications and Maryland Law and Regulations.

Name Printed Signature Date