



Amusement Ride Inspection Checklist

Elevator and Amusement Ride Division
1313 Farnam, Rm. 233
Omaha, NE 68102
(402) 595-3184
sfm.amusementrides@nebraska.gov

Ride Manual? _____ **Ride cannot be inspected without a manual. PERMIT #:** _____

Amusement Ride Company: _____ Inspection Location: _____

Ride Name and Type _____ Ride Serial Number: _____

Location and Perimeter

- Fencing/Railing 42"H/6" Space _____
- Entrance/Exit Gates/Chains _____
- Stairs/Ramps/Anti-slip strip _____
- Operating Clearance _____
- Instructional Signage _____
- Grounds Walkways/Smooth _____

Electrical

- Electrical Cable/Wiring _____
- Grounding _____ Ω 's (30 Ω 's max) _____
- Connectors/Plugs _____
- Junction Boxes/Cover Plates _____
- Lighting _____ fc (10fc min.) _____

Seats/Vehicles

- Safety Bars/Straps _____
- Body/Fiberglass Condition _____
- Restraints In Good Condition _____
- Seat Belts/Chains/Snaps _____
- Doors/Safety Latches _____
- Seat Padding/Covering _____

Operation

- Control Panel Instructions/Labeling _____
- Operator Visibility/Entire ride _____
- Operator Presence Switches _____
- Control Location _____
- Emergency Stop Switch _____
- Lockable Power Disconnect 6ft _____

Structural/Assembly

- Alignment/Level/Runs True _____
- Pins/Bolts/Nuts _____
- Sheaves/Cables/Clamps/Chain _____
- Supports/Canopies _____
- Scenery/Backdrop Secure _____
- Anchors/Braces/Support Jacks _____
- Platforms/Catwalks/Decking _____
- Blocking/Pyramid Shaped _____
- External Welds/Frame/Support _____
- Sweeps/Mudsills _____

Mechanical

- Hydraulic / Pneumatic Lines _____
- Belts/Chains Guarded _____
- Drive Tires Inflated/Engaged _____
- Motors _____
- Gears/Sprockets/Keyways _____
- Wire rope/Drive Cables _____
- Braking Systems _____
- Anti-Roll Back Devices _____
- Belt/Motor Guards _____

Safety Management

- Fire Extinguisher _____
- Dark Rides/Smoke Detectors** _____
- Dark Rides/Emergency Exit Signage** _____
- Dark Rides/Emergency Exit Lighting** _____

Emergency Response Program

Nearest Hospital _____

Emergency Phone # _____

First Aid Kit Location _____

First Aid/CPR/AED Trained Person
(Name of Person and Phone#) _____

Any post-inspection adjustments that are made to the ride must be made known to the Amusement Ride Inspection Program via email before ride operation may be resumed.

**NOTICE:
RED TAGGED RIDES MUST BE CORRECTED AND REINSPECTED BEFORE THE RIDE CAN BE OPERATED!**

A permit may still be issued to a ride if an individual seating or carrying device is red tagged and taken out of operation. The red tagged seating or carrying device shall not be used without correction. **If repairs are not completed and reported, a re-inspection by Nebraska at determined fees is required prior to showing in Nebraska (subject to availability).**

S = SATISFACTORY U = UNSATISFACTORY N = NOT APPLICABLE

Amusement Ride Representative & Inspection Date _____

Qualified* Amusement Ride Inspector, Cert.# & Inspection Date _____

*Qualified Amusement Ride Inspector is subject to qualifications found in NE Title #228 Chapter 2, 001 -008