



**STATE OF ARKANSAS
DEPARTMENT OF LABOR
ARKANSAS OCCUPATIONAL SAFETY & HEALTH**

**10421 WEST MARKHAM • LITTLE ROCK, AR 72205-2190
Phone: 501-682-9091 Fax: 501-682-4532 TRS: 800-285-1131**

AMUSEMENT RIDE INSPECTION REQUEST FORM

23-89-505. Safety inspections, notice, and insurance required.

(c)(1) Any person or entity intending to operate an amusement attraction or ride in this state shall notify the director of such intent and shall notify the director of the location, dates, and times of intended operation.

(2) The notice must be made to the director four (4) days prior to intended operation, excluding Saturdays, Sundays, or any legal holidays.

Please complete and return this form to:

ATTN: MARK LAWRENCE
AMUSEMENT RIDE SUPERVISOR
ARKANSAS DEPARTMENT OF LABOR
10421 WEST MARKHAM STREET
LITTLE ROCK, AR 72205-2190

E-mail: mark.lawrence@arkansas.gov

PHONE: 501-690-8774

FAX: 501-682-4532

COMPANY NAME _____

OWNER(S) NAME(S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OFFICE PHONE: _____ FAX: _____

MOBILE PHONE: _____ OTHER: _____

RIDE OPERATION SCHEDULE

Please include all locations, dates and times of operation.

	LOCATION <small>(INCLUDE CITY AND STREET)</small>	OPENING DATE	OPENING TIME	NUMBER OF RIDES	REQUESTED INSPECTION DATE	REQUESTED INSPECTION TIME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

AMUSEMENT RIDE LIST

Please include all rides including inflatable, slides, mazes, climbing walls, boxing rings, mobile playgrounds, etc. If a ride is "Homemade," list it and write "Homemade" as the manufacturer.

	RIDE NAME	MANUFACTURER	SERIAL NUMBER	NDT COMPLETION DATE <i>(IF REQUIRED)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

RIDE NAME

MANUFACTURER

SERIAL NUMBER

NDT
COMPLETION
DATE
(IF REQUIRED)

17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				

(ATTACH SEPARATE SHEET IF NEEDED.)