



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF LABOR AND LICENSING

Safety Division - AOSH Compliance

10421 West Markham • Little Rock, AR 72205-2190

Phone: 501-690-8774 TRS: 1-800-285-1131

**AMUSEMENT RIDE / ATTRACTION ACCIDENT / INJURY  
REPORTING FORM**

In the event of a fatality or serious physical injury, the owner/operator of an Amusement Ride or Attraction shall:

- \* immediately cease operation of the ride;
- \* within four (4) hours of incident, notify AOSH by telephone or fax;
- \* within twenty-four (24) hours of incident, file a written report with AOSH ; and
- \* not operate, move, alter, repair or tamper with a ride except to protect life, limb or property until authorized in writing by AOSH.

ACCIDENT DATE \_\_\_\_\_

COMPANY \_\_\_\_\_

ACCIDENT LOCATION \_\_\_\_\_

NAME OF PERSON FILING REPORT \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

RIDE \_\_\_\_\_ RIDE SERIAL # \_\_\_\_\_

OPERATOR NAME \_\_\_\_\_

OPERATOR PERMANENT ADDRESS \_\_\_\_\_

ACCIDENT DETAILS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WAS A FATALITY INVOLVED? ☐ YES ☐ NO

**REPORT TO:** AOSH COMPLIANCE / AMUSEMENT RIDE

PHONE: 501-690-8774 ARKANSAS DEPT. OF LABOR AND LICENSING

EMAIL: mark.lawrence@arkansas.gov 10421 WEST MARKHAM

LITTLE ROCK, AR 72205-2190

Submit by email

24-HOUR EMERGENCY #: 501-690-8774