



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF LABOR AND LICENSING

Safety Division - AOSH Compliance

900 W Capitol Ave., Suite 400, • Little Rock, AR 72201

Phone: 501-690-8774

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 900 W CAPITOL AVE., SUITE 400,
LITTLE ROCK, AR 72201

Submit by email

24-HOUR EMERGENCY #: 501-690-8774