

# Daily Inspection Pre-opening Checklist Inflatable Attraction

Date \_\_\_\_\_ AR #: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Ride Location (establishment): \_\_\_\_\_ County \_\_\_\_\_  
 Ride Location (street address): \_\_\_\_\_ Zip-Code \_\_\_\_\_  
 Ride Mfg. \_\_\_\_\_ Ride Name \_\_\_\_\_ Serial #: \_\_\_\_\_

**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 \_\_\_\_\_

**All Items Must Be Marked Off Accordingly**

**Electrical / Generator**

- Over-current protection, proper wire size and type  Yes  No  NA
- Proper electrical connections and in good repair  Yes  No  NA
- Fuel storage, Fire protection  Yes  No  NA
- Generator location, guarding and in good repair  Yes  No  NA

**General Condition**

- Access and egress  Yes  No  NA
- Area level, clear of debris and sharp objects  Yes  No  NA
- Interior clean and free of debris  Yes  No  NA
- Overall condition cuts netting etc.  Yes  No  NA
- Number of tethers (tie downs), \_\_\_\_\_ per mfg.  Yes  No  NA
- Anchors stakes. Length, \_\_\_\_\_ % in the ground \_\_\_\_\_  Yes  No  NA
- Weight of anchor bags \_\_\_\_\_ Number of bags \_\_\_\_\_ per mfg.  Yes  No  NA
- Blower guards & Intake sleeves in good repair  Yes  No  NA
- Number of blowers required for the device per mfg.  Yes  No  NA

**Operation**

- Safety rules posted  Yes  No  NA
- Restriction signs posted, Height restriction \_\_\_\_\_ inches  Yes  No  NA
- Maximum number of passengers \_\_\_\_\_  Yes  No  NA
- Adequate lighting for night operation  Yes  No  NA
- Trained operator present at all times  Yes  No  NA
- Required number of operators \_\_\_\_\_ per mfg.  Yes  No  NA

**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 \_\_\_\_\_

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.