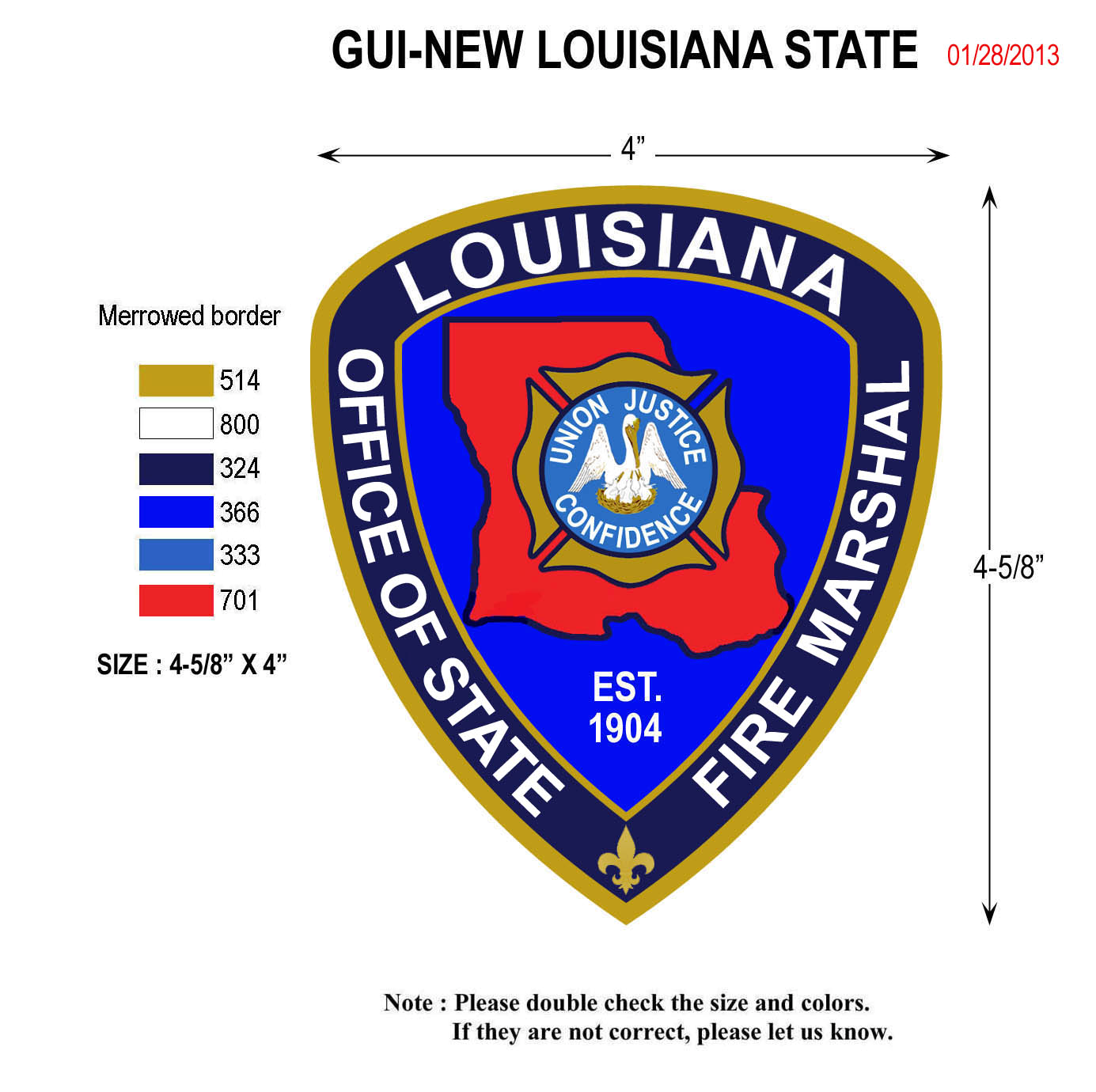
LOUISIANA DEPARTMENT OF PUBLIC SAFETY



PUBLIC SAFETY SERVICES

**OFFICE OF STATE FIRE MARSHAL**

**AMUSEMENT INFLATABLE DEVICE / ATTRACTION / RIDE INSPECTION**

**SET-UP REPORT**

NOTE: La. R.S. 40:1484.4 requires that each inflatable amusement device, amusement attraction, and amusement ride be inspected prior to each event by an inspector licensed through the Office of State Fire Marshal. This form shall be made available upon request by the State Fire Marshal or his designee.

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| **OWNER NAME:** | | **OSFM LICENSE NUMBER:**  (If Applicable) | **EXPIRATION DATE:** | | |
|  | |  |  | | |
| **PHYSICAL ADDRESS:** | | **CITY:** | | **STATE:** | **ZIP:** |
|  | |  | |  |  |
| **TELEPHONE:** | **FAX:** | **EMAIL ADDRESS:** | | | |
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| **NAME OF INSPECTOR:** | | **OSFM LICENSE NUMBER:** | **LICENSE ENDORSEMENT:** | **CERTIFICATION(S):** | | |
|  | |  | SET UP  THIRD-PARTY  LIMITED THIRD-PARTY | NAARSO  AIMS | | |
| **PHYSICAL ADDRESS:** | | | **CITY:** | | **STATE:** | **ZIP:** |
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| **TELEPHONE:** | **FAX:** | | **EMAIL ADDRESS:** | | | |
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| **NAME OF INSPECTING FIRM:** | | **OSFM LICENSE NUMBER:** | **LICENSE ENDORSEMENT:** | | |
|  | |  | SET UP  THIRD-PARTY  LIMITED THIRD-PARTY | | |
| **PHYSICAL ADDRESS:** | | | **CITY:** | **STATE:** | **ZIP:** |
|  | | |  |  |  |
| **TELEPHONE:** | **FAX:** | | **EMAIL ADDRESS:** | | |
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**INSPECTOR’S CERTIFICATION**

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| I hereby certify that the described amusement device was inspected and found to be in an operable state and meets the standards   and requirements of the manufacturer and is in compliance with La. R.S. 40:1484.1 et seq.     I hereby certify that the described amusement device was inspected and found NOT to be in an operable state for the reason(s)  outlined below: |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 SIGNATURE OF INSPECTOR DATE OF INSPECTION

**AMUSEMENT INFLATABLE DEVICE / ATTRACTION / RIDE INSPECTION**

**SET-UP REPORT (CONTINUATION)**

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

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| **DEVICE TYPE:**  INFLATABLE DEVICE  ATTRACTION  RIDE |

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| **SET-UP INSPECTION DATE:** | **MANUFACTURER:** | **SERIAL NUMBER:** | **YEAR BUILT:** | **OSFM PLATE NO:** |

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| **DESCRIBE ANY IMPAIRMENTS:** |

**FOR ADDITIONAL DEVICES, COPY THIS PAGE AND COMPLETE**