



**LOUISIANA OFFICE OF STATE FIRE MARSHAL
CODE ENFORCEMENT AND BUILDING SAFETY
MECHANICAL SAFETY SECTION**

8181 INDEPENDENCE BLVD.
BATON ROUGE, LA 70806

Amusement Ride Verification of Inspection

Owner/operator (insured) _____

Address _____

St./P.O. Box

City

State

Zip Code

Telephone Number

Ride Name _____ Serial Number _____

Manufacturer _____ Date Manufactured _____

Date of Last Overhaul or Renovation _____ Date of last NDT _____

Amusement Ride Classification

- A Ride designed for passenger 75 pounds or less per passenger unit
- B Ride designed for passenger 75 pounds or more and the manufacturer's assembly time is less than forty hours
- C Ride which the manufacturer's recommended assembly time is greater than forty hours

Date of Last (previous) Inspection (if known) _____

I hereby certify that the above described Amusement Ride or Attraction was inspected and meets the guidelines of ASTM STANDARDS ON AMUSEMENT RIDES AND DEVICES and the LOUISIANA AMUSEMENT RIDE SAFETY LAW and RULES AND REGULATIONS.

Signature of Inspector _____ Date _____

Name and Title of Inspector _____ LA Commissioner Number _____

Inspection Company _____

Address _____

St./P.O. Box

City

State

Zip

Telephone Number