

| | | |
|------------------------|---------|------|
| Date: | Owner: | AR#: |
| Ride Location Name: | | |
| Ride Location Address: | County: | Zip: |

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 _____

| | | |
|---|------------------|----------------------|
| 1 | Attraction Name: | Registration Number: |
| 2 | Attraction Name: | Registration Number: |
| 3 | Attraction Name: | Registration Number: |
| 4 | Attraction Name: | Registration Number: |
| 5 | Attraction Name: | Registration Number: |

Please circle Yes No or NA accordingly.

| Electrical/Generator | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| • 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. | | | | | |
| • Anchors stakes. Length, _____% in the ground | | | | | |
| • Weight of anchor bags _____ # of bags _____ per mfg | | | | | |
| • Blower guards & Intake sleeves in good repair | Yes No NA |
| • # of blowers required for the device _____ per mfg. | | | | | |
| Operation | | | | | |
| • Safety rules posted | Yes No NA |
| • Restriction signs posted, Height restriction _____ inches | | | | | |
| • Clearances | Yes No NA |
| • Owner/Pre-Opening | Yes No NA |
| • Documentation | Yes No NA |
| • Required number of operators _____ per mfg. | | | | | |

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. Phone: 410.767.2348 Fax: 410.333.7638 Email: AR.Direct@maryland.gov

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 _____