



Elevator and Amusement Device Bureau  
N.C. Department of Labor  
1101 Mail Service Center  
Raleigh, North Carolina 27699-1101



## North Carolina Fair Partners Amusement Device Safety Inspection

Amusement Company: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

	YES	NO
Operator Training Records:	<input type="checkbox"/>	<input type="checkbox"/>
Operator Age Verified:	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Records:	<input type="checkbox"/>	<input type="checkbox"/>
Proper Height Signage:	<input type="checkbox"/>	<input type="checkbox"/>
Proper Safety Signage:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Operating Properly:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Shut Down:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Operator Warned:	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any issues identified during the inspection:

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