



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services/Bureau of Fair Rides Inspection

OWNER'S DAILY INSPECTION REPORT (BUNGY)

ADAM H. PUTNAM
 COMMISSIONER

Section 616.242(15), Florida Statutes, Rule 5J-18.0012, F.A.C.

Phone: 1-800-435-7352; Fax: (850) 410-3797
 FairRides@FreshFromFlorida.com

COMPANY _____ RIDE NAME _____ USAID & SERIAL # _____

INSTRUCTIONS: Use this form for daily inspections of each amusement ride as required by Section 616.242(15), Florida Statutes. Inspection requirements are listed on the left side of the table below. Each day the ride is inspected, enter the month, date and year in the space provided across the top of the table. When completing an inspection requirement, place a check mark "√" in the space provided to indicate the inspection has taken place and there are no deficiencies. If a deficiency is found, place "X" in the space provided. On the back of this form, record the date the deficiency was found, the deficiency, corrective action and signature and date of person taking corrective action. If an inspection item is not applicable to this ride, put "N" in the space provided. The inspection requirements in the table are the minimum requirements for inspection. Note that the administrative information on this form: company name, ride name, USAID/SN and inspectors signature must be completed. The last 14 days of inspections must be kept on site and made available immediately to the department inspector upon request. This table was constructed to record 14 days of inspection on one report. The person inspecting the ride must sign across the bottom of this form after each daily inspection and thereby certifies that the ride complies with all requirements of Section 616.242, Florida Statutes.

Enter inspection dates across the top →																				
Insp. Requirements:																				
Signs																				
Fencing																				
Safety air bag																				
Landing area																				
Rigging																				
Communication system																				
Scales																				
Jump Point																				
Lowering system																				
Cords																				
Platform																				
Condition																				
Lifeline																				
Safety belts																				
Inspector Signature →																				

DEFICIENCY LOG *

Document deficiency noted with "X" on front in this table

Date deficiency noted	Deficiency	Corrective Action	Signature and date

* Draw horizontal lines to separate entries. Make copies of this form as required.