



Millersville University Amusement Equipment Inspection Form

Proposed Date & Time _____

Location name: _____

Lessee:

I acknowledge and agree that I have been given proper instructions for set up, dismantle and safe operating procedures for the attraction I am leasing.

Name Printed _____ Signature _____ Date _____

Type of Equipment:

Bounce House

Dunk Tank

Inflatable Game

Bungee/Trampoline

Other: _____

All Items Must Be Marked Off Accordingly

Electrical/ Generator

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| • Over-current protection, proper wire size and type | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Proper electrical connections and in good repair | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Fuel storage, Fire protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Generator location, guarding and in good repair | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

General Condition

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| • Access and egress | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Area level, clear of debris and sharp objects | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Interior clean and free of debris | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Overall condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Number of tethers (tie downs), ____ per mfg. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Anchors stakes. Length, _____ % in the ground _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Weight of anchor bags _____ Number of bags _____ per mfg. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Blower guards & Intake sleeves in good repair | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Number of blowers required for the device _____, per mfg. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Operation

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| • Safety rules posted | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Restriction signs posted, Height restriction __ inches | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Maximum number of passengers _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Adequate lighting for night operation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Trained operator present at all times | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| • Required number of operators _____ per mfg | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Inspected by: _____

Inspection date: _____