



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections
MANUFACTURER'S DATA REPORT
FOR AMUSEMENT DEVICES

1000 Washington Street – Suite 710 – Boston – MA 02118

An owner may shall use this form.

1. Manufactured by: _____
(Name & Address of Manufacturer)
2. Manufactured for: _____
(Name & Address of Purchaser)
3. Installation Location: _____
(Name & Address – Permanent Device Only)
4. Manufacture's Device Name: _____
5. Manufacturer's Numbers: _____
(Model Number) (Serial Number)
6. Date of Manufacturer: _____ Date of Purchase: _____
7. Name of Device: _____
(If different than manufacturer's name)
8. Primary State of Registration: _____ State Registration Number _____
(State Name) (USID)
9. Safety Devices\Rider Restraining Devices: _____
(Interlocking\Non-interlocking\Automatic Set\Other)
☐ Operator Set ☐ Patron Set Type: _____
(Lap, Lap\Sash, Over Shoulder, etc.)
Overspeed Device: _____
(Device Used)
Deadman Switch: _____
(Device Used)
Secondary Safety Devices: _____
(Device Used)

(Device Used)
10. All materials used in the construction of this device conform to the following code(s): _____

(List Codes Used in Design & Construction of this Device)

11. Maximum RPM: _____ Maximum Designed Load \car or tub: _____
12. Power Supply:
- Voltage: _____ Number of Phases: _____ Frequency: _____ KVA\KW Rating: _____
13. Engine Detail (if integral part of ride or device):
- _____
(Type of Engine) (KW Rating) Drive: _____
(Electric or Hydraulic)
14. Maximum number of patrons permitted on or in the device at any one time: _____
15. Maximum number of patrons permitted within any vehicle for ride: _____
16. Maximum G-Force that may be applied to any patron during the duration of Ride: _____
17. Minimum number, size, and rating of fire extinguishers to be carried: _____
18. Direction of Rotation: _____ Maximum Cycle Time for Ride Operation: _____
19. Data Supplied:

Identify which data is supplied with the device and is expected to remain with it.

	Data	Remains with Device		Other (See Attached)
		Yes	No	
a.	Assembly\Disassembly Instructions			
b.	Operation\Maintenance Manual or Instructions			
c.	Periodic Safety Inspection Checklists			
d.	Emergency Procedure Checklist			
e.	Engineering Computations			
f.	List of Components (if subject to failure) could lead to danger			
g.	Drawings			
	General Arrangements			
	Component Drawings			
	Electronic Wiring Diagrams			
	Hydraulic\Pneumatic Schematics			
h.	Hazard\Risk Assessment Documentation			
i.	Other Data Unique to this Device			

20. Name of Testing Organization: _____
21. Address of Testing Organization: _____
22. Name of Person(s) Conducting Tests: _____
 (Name) (Certification Number \ Expiration)
- _____
 (Name) (Certification Number \ Expiration)
23. Date of Testing: _____
24. Test Procedure: _____ Load Applied: _____
- Over \ Full Load: _____ Percentage of Full Load: _____
 (Date)
- Partial Load: _____ Percentage of Full Load: _____
 (Date)
- Imbalance \ Stability: _____ Percentage of Full Load: _____
 (Date)
- Number of vehicles used for imbalance or instability test: _____
25. General Description: Mobile \ Portable ☐ Fixed Location (park model) ☐
- Trailer Mounted ☐ Independent of Trailer Operation ☐
26. Signature of Tester: _____
27. Signature & Status of Witness: _____
28. Owner's Initials (if known): _____
29. I, the undersigned, holding a valid Professional Engineers Stamp Number, _____ or
 Certificate of Competency to Inspect Amusement Devices Number _____ issued in
 the state or province of _____ and employed by _____
 have inspected and tested the parts of the amusement device referred to in this data report, and state that to the
 best of my knowledge and belief, the manufacturer has constructed this amusement device in accordance with
 _____.

By signing this certificate, neither the inspector nor their employer makes any warranty, expressed or implied, concerning the amusement device described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his \ her employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Signed: _____
 (Commissioned Inspector \ Manufacturers Representative)

Commissions: _____ Date: _____
 (AIMS, NAARSO, Jurisdictional Commission)

Return completed form and attachments to:

Massachusetts Office of Public Safety & Inspections (OPSI)
 Attention: Amusements
 1000 Washington Street, Suite 710, Boston MA 02118