



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

Name of Device

State Tag Number (USID)

An owner may use an alternate form provided it contains all of the information contained in this form.

It is the responsibility of the operator of each device to ensure proper and safe operation of the device and related equipment.

Please indicate whether listed items are:

OK - Satisfactory UN - Unsatisfactory NA - Not Applicable

Item	Insert Date & Location of Each Inspection												
1. Safety belts, bars, locks and other passenger restraining devices.													
2. All automatic and manual safety devices.													
3. Signal systems, brakes, and control devices.													
4. Safety pins and keys.													
5. Fencing, guards, barricades, stairways and ramps.													
6. Ride structure and moving parts.													
7. Tightness of bolts and nuts.													
8. Blocking, support braces and jackstands.													
9. Electrical equipment properly grounded.													
10. Lubrication as per manufacturer's recommendations.													
11. Test communication equipment necessary for operation (if applicable).													
12. Prior to opening, operate ride through one complete cycle to ensure safe and proper functioning of all controls and devices.													
Maintenance Mechanic's Initials													
Ride Supervisor Name:				Date:			Maintenance Manager Name:				Date:		