RIDE OPERATOR TRAINING DOCUMENTATION FORM

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

(Name of Ride Operator in Training)	(Position)
(Trainer)	(Date)
(Trainer)	(Dute)
(Name of Amusement Company)	(Name of Amusement Device)
The following training has been completed:	
Tasks to be completed:	Ride Operator's Trainer's Initials Initials
The duties of the position of ride operator for the aboride have been discussed.	ve
Discussed the general safety procedures related to the	· · · · · · · · · · · · · · · · · · ·
ride. Discussed the height and rider requirements for the	
ride.	
Discussed one cycle of operation in detail, per the manufacturer's recommendations.	
Operator understands to report any unusual noises to the owner.	
Operator knows how to properly load the ride based of the manufacturer's recommendations.	on
Discussed and understand the procedure for checking restraints.	;
Discussed and understand the emergency procedures for the ride.	
Discussed and understand the operator safety while the ride is in motion.	ne
Discussed and understand restrictive area access.	
Discussed and understand the completion of the daily operation inspection logs.	,
I have discussed all the above items with my trainer and have an understanding of each. All of my questions about these items have been answered and I am comfortable with my understanding of each item.	
(Legible Signature of Operator/ Printed Name)	(Date Completed Training)
I have reviewed each of the above items with the above trainee. feel comfortable about their understanding of each item.	I have answered all of the operator's questions and
(Legible Signature of Trainer / Printed Name)	(Date Completed Training)