

**Iowa Division of Labor
Amusement Ride Safety**

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FOR OFFICE USE ONLY	
Permit #:	_____
Sticker #:	_____
Inspection Date:	_____
Repair Due Date:	_____

Inflatable Amusement Device Inspection Report

Complete a separate form for **each** inflatable, blower, and generator. Submit the completed forms by mail, email or fax.

Show Name			
Owner's Name		Email Address	
Owner's Address		City	State Zip
Owner's Phone Number		Owner's Mobile Number	Owner's Fax Number
Location of Inspection			
Name of Device (Ex: ninja jump, generator 1, blower B)			Serial Number
Name of Trained Operator			Date of Training

Type of Inspection:

Initial Inspection

Re-inspection

Division of Labor

Inspection Codes

S = Satisfactory US = Unsatisfactory – Safety Order issued C = Corrected on Site NA = Not Applicable

Generator: _____ Condition _____ Grounding _____ Ground Fault Protection

_____ Fueling Location _____ Fire Extinguisher

Extension Cords: _____ Grounding _____ Proper Size _____ Setup Location (suitability)

Blower: _____ Plug Ground _____ Guarding _____ Placement

_____ Ground Fault Protection

Inflatable: _____ Placement _____ Stitching Condition _____ Tie Downs

_____ Staked _____ Weighted

Operations: _____ Safety Rules Posted _____ Attendant on Duty _____ Operations Manual Available

_____ Trained Operator on Duty

I certify that the information on this report is true and accurate to the best of my knowledge.

Signature of Owner or Authorized Representative Date

Signature of Owner Designated Inspector Date