



State of New Hampshire

Department of Safety
 Tramway & Amusement Ride Safety
 33 Hazen Drive
 Concord, NH 03305

Robert L. Quinn
 Commissioner of Safety

Telephone: (603) 223-4289 FAX (603) 223-4294

AMUSEMENT/RECREATIONAL RIDE OR DEVICE OPERATOR'S ANNUAL INSPECTION REPORT

Business Name: _____

Owner/Operator: _____

Address: _____

Telephone: _____

Email: _____

Type of Ride/Device	NH ID Number	Mfg. & Serial Or I.D. Number	Date of Last NDT	Inspected

I certify that I have made an inspection of the amusement ride/recreational rides and devices listed above on _____ and find that each complies with the Rules, Regulations and Code of New Hampshire RSA 321-A, and that to the best of my knowledge, they are safe to operate for the public.

I also certify that NDT requirements, as set forth by the manufacturer of the Amusement Ride and/or the United States Consumer Product Safety Commission have been completed.

Signature: _____ Print Name: _____

To be completed and signed by the person responsible for the operation of Amusement rides and devices. Any exceptions that must be corrected prior to operation for the public must be listed in the inspection information column above.