LOUISIANA DEPARTMENT OF PUBLIC SAFETY

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

THIRD -PARTY AMUSEMENT, ATTRACTION, OR RIDE CERTIFICATION OF INSPECTION / REINSPECTION

All sections of this form must be completed fully and accurately. Incomplete forms or forms missing required information will be returned to the submitter for correction, which may delay processing.

NOTE: La. R.S. 40:1484.1 requires that each Amusement attraction or amusement ride be inspected annually by a NAARSO or AIMS certified inspector who is licensed through the Office of State Fire Marshal prior to initial registration and to renew registrations.

INSPECTION TYPE:	☐ ANNUAL*	**INSPECTION MODE:**	☐ INITIAL	☐ REINSPECTION

REASON FOR REINSPECTION:

NAME: ☐ OPERATOR ☐ OWNER / OPERATOR	**OSFM LICENSE:**	**LICENSE EXPIRATION:** (If Applicable)

PHYSICAL ADDRESS:	**CITY:**	**STATE:**	**ZIP**	**TELEPHONE:**	**EMAIL ADDRESS:**

AMUSEMENT DEVICE INFORMATION

DEVICE TYPE: ☐ ATTRACTION ☐ RIDE ☐ KIDDIE RIDE ☐ ADULT RIDE

DEVICE NAME:	**SERIAL:**	**OSFM PLATE:**	**MANUFACTURER:**	**DATE MANUFACTURED:**

DATE OF LAST MODIFICATION / ALTERATION:	**DATE OF LAST ANNUAL INSPECTION:**

INSPECTOR / INSPECTION FIRM INFORMATION

NAME OF THIRD-PARTY INSPECTOR:	**OSFM LICENSE:**	**LICENSE ENDORSEMENT:**

INSPECTOR'S PHYSICAL ADDRESS:

CITY:	**STATE:**	**ZIP:**

TELEPHONE:	**EMAIL ADDRESS:**

NAME OF INSPECTING FIRM:	**OSFM LICENSE:**	**LICENSE ENDORSEMENT:** ☐ **Check if 3rd Party**

INSPECTING FIRM PHYSICAL ADDRESS:

CITY:	**STATE:**	**ZIP:**

TELEPHONE:	**EMAIL ADDRESS:**

INSPECTOR'S CERTIFICATION

☐ I hereby certify that the described amusement device was inspected and found to be in an operable state and meets the standards and requirements of the manufacturer.

☐ I hereby certify that the described amusement device was inspected and found NOT to be in an operable state for the reason(s) outlined below:

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_____

_____ SIGNATURE OF INSPECTOR

_____ DATE OF INSPECTION