



Elevator and Amusement Device Bureau
N.C. Department of Labor
1101 Mail Service Center
Raleigh, North Carolina 27699-1101



North Carolina Safety Amusement Star Program Amusement Device Safety Inspection

Amusement Company: _____

Location: _____

Date: _____

	YES	NO
Operator Training Records:	<input type="checkbox"/>	<input type="checkbox"/>
Operator Age Verified:	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance Records:	<input type="checkbox"/>	<input type="checkbox"/>
Proper Height Signage:	<input type="checkbox"/>	<input type="checkbox"/>
Proper Safety Signage:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Operating Properly:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Shut Down:	<input type="checkbox"/>	<input type="checkbox"/>
Ride Operator Warned:	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any issues identified during the inspection:
