



AMUSEMENT RIDE SAFETY INSPECTION REPORT
OKLAHOMA DEPARTMENT OF LABOR

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After Hours and Weekends Emergency Number (405) 343-9815

INSPECTION TYPE: Annual OK ID#: REGISTRATION #: 8594 RIDE TYPE: other
OWNER #: 28 OWNER: Six Flags Frontier City DATE: 3/12/21
RIDE USER: Same DATE REG EXPIRES: 12/31/21
CITY NAME: OKC COUNTY: OK
MFG. NAME OF RIDE: Silver Bullet SHOW NAME OF RIDE:
MANUFACTURER: SERIAL#: YEAR MFG:

RIDE REQUIRES NDT/ANNUAL CERTIFICATION/ PARTS REPLACEMENT: LAST DATE COMPLETED:

THE FOLLOWING ORDERS ARE OFFICIALLY ISSUED FOR ABOVE LISTED RIDE

NS=NEXT SETUP R=RED TAG D=DELAY O=BEFORE OPERATION NOTE=GENERAL INFORMATION W=WINTER QUARTERS

[illegible]

By signing this inspection report, neither the undersigned inspector nor the Oklahoma Department of Labor makes any warranty, expressed or implied, concerning this inspection report or the equipment inspected. Furthermore, neither the undersigned inspector nor the Oklahoma Department of Labor shall be liable in any manner for any personal injury, property damage, or loss of any kind arising from or connected with this inspection.

Start Time: _____ End Time: _____
Print Name of Inspector(s): _____ ID# _____ Printed Name of Owner/Operator/User: _____
Signature of Inspector(s): _____ Signature of Owner/Operator/User: _____

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