AMUSEMENT RIDE SAFETY INSPECTION REPORT
OKLAHOMA DEPARTMENT OF LABOR

3017 N. STILES AVE, SUITE 100
OKLAHOMA CITY, OK 73105
(405) 521-6100 FAX (405) 521-6025
www.labor.ok.gov
email: odol.amusement@labor.ok.gov
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: 12/3/21

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

ORDER TYPE	VIOLATION	REPAIRED AT INSPECTION

Start Time: End Time: Mitchell F

Print Name of Inspector(s): ID# Printed Name of Owner/Operator/User: Parke Arnold

Signature of Inspector(s): Signature of Owner/Operator/User: