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 #: 29 OWNER: Frontier City DATE:

RIDE USER: Frontier City DATE REG EXPIRES: 12/31/18

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: 12/5/17 3/6/18

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
3/7/18	Checked loop - No Adverse conditions MF, S	
O	Replace cushions on Lap Bar #7 LR, RR; #6 LF, #5 RR, #4 RR #3 RR, RF; #2 RR; and #3 RF Grab bar	
D	#7 & #4 Car(s) - Address Rust outside body above wheels	
D	Replace blocking as marked	

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: TT - 1.5hr

M. Field
Print Name of Inspector(s): ID#

M Field
Signature of Inspector(s):

David Meeks
Printed Name of Owner/Operator/User:

Signature of Owner/Operator/User:

01022018