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: PT

OWNER #: 28 OWNER: Frontier City DATE: 6-1-2020

RIDE USER: SAME DATE REG EXPIRES: 12-31-2020

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
O	Repair Open end welds As Marked.	
O	Drain Ballast tank and check wall thickness support uprights.	
O	Clean Corrsion on gussets that are holding water and check wall thickness	
	Loop only 2-27-2020	
O	Need engineer to sign OFF on NDT Report	

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:

Allen MF

Print Name of Inspector(s): ID#

Signature of Inspector(s):

Printed Name of Owner/Operator/User:

Signature of Owner/Operator/User:

01022018

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 #: RIDE TYPE: OR

OWNER #: 28 OWNER: Frontier City DATE:

RIDE USER: Same DATE REG EXPIRES:

CITY NAME: OKC COUNTY: OK

MFG. NAME OF RIDE: Silver Bullet SHOW NAME OF RIDE:

MANUFACTURER: Anton Schwarzkopf SERIAL#: YEAR MFG: 1980

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
O	Must drain or pump water out of all counter ballast Tanks all parts of Track Structure + Tank wall MUST have a Material Thickness Test Completed by a certified NDT Company/inspector. Corrosion ~~dep~~ issues have been noted by ODoL, Test must be done on all Surfaces That have been under water. Engineer with certification in Structural must review Test report + issue Letter on Findings.	
	See Attached pictures sent to Frontier City maintenance.	
O	Must Provide Letter for welding repair on cars, where cracks are being repair from Engineer.	

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:

James Chaote Mark M.
Print Name of Inspector(s): ID#

Mark M.
Signature of Inspector(s):

Lex Kaspar
Printed Name of Owner/Operator/User:

Signature of Owner/Operator/User:

01022018