



AMUSEMENT RIDE SAFETY INSPECTION REPORT
OKLAHOMA DEPARTMENT OF LABOR

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After Hours and Weekends Emergency Number (405) 343-0815

INSPECTION TYPE: Annual OK ID#: ✓ REGISTRATION #: 8594 RIDE TYPE: Other
OWNER #: 28 OWNER: Six Flags Frontier City DATE: 3/12/24
RIDE USER: Same DATE REG EXPIRES: 12/31/24
CITY NAME: OKC COUNTY: Oklahoma
MFG. NAME OF RIDE: Silver Bullet SHOW NAME OF RIDE:
MANUFACTURER: 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
<u>0</u>	<u>Replace missing R-Key in ground-level spreader beam, to left of tunnel entrance.</u>	
<u>0</u>	<u>Replace damaged R-Key with pink tape to right of tunnel exit.</u>	
<u>0</u>	<u>Check loose bolt on track at base of loop section. Bolt not making contact, washers are loose. Repair as needed.</u>	
<u>0</u>	<u>Smooth out metal floor transitions in loading area. As well as is possible. Highlight area if a transition remains raised.</u>	
<u>note</u>	<u>Monitor square pipe at top of lift across 2nd flag from top</u>	
<u>0</u>	<u>Complete and Log 100 test passes</u>	
	<u>Square pipe is swollen</u>	<u>← Ran OK</u>

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: CS MF AM End Time:
Print Name of Inspector(s): Garrick Dike DH:
Signature of Inspector(s): [Signature]

Printed Name of Owner/Operator/User: Garrick Dike
Signature of Owner/Operator/User: [Signature]

10/12/2022

