AMUSEMENT RIDE SAFETY INSPECTION REPORT
OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th Street, 3rd Floor
OKLAHOMA CITY, OK 73105
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After Hours and Weekends Emergency
PHONE Number: (405) 343-9815

INSPECTION TYPE: Annual OWNER #: 28 OWNER: Six Flags Frontier City

RIDE USER: Same INSPECTION DATE: 3/14/25 DATE REG EXPIRES: 12/25

CITY NAME: OKC COUNTY: OK

TAG#: 8594 OK --- 03 SERIAL#: RIDE TYPE: O MFG. RIDE NAME: Silver Bullet

MANUFACTURER: Schwarzkopf YEAR MFG: SHOW NAME OF RIDE:

NDT REQUIRED: YES -- NO LAST DATE COMPLETED: INFL MAX WIND SPEED OR RIDE RPM: OK

THE FOLLOWING ORDERS ARE OFFICIALLY ISSUED FOR AVOVE LISTED RIDE. FAILURE TO COMPLY MAY RESULT IN FINES UP TO $1000.00 PER VIOLATION

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

ORDER TYPE	VOILATION
O	#16 Repair Right Rear lapbar padding.

By signing this inspection report, neither the undersigned nor the Oklahoma Department of Labor makes any warranty, expressed or implied, concerning this inspection report or the equipment inspected. Furthermore, neither the undersigned 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.

Cade J MF

Printed Name of Inspector(s):

Signature of Inspector(s):

Printed Name of Owner/Operator/User:

Taylor H. Mullins

Signature of Owner/Operator/User:

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