AMUSEMENT RIDE SAFETY INSPECTION REPORT

OKLAHOMA DEPARTMENT OF LABOR

[ ] NEW REGISTRATION
[X] ANNUAL REGISTRATION
[ ] NORMAL INSPECTION
[ ] RE-INSPECTION
[ ] SURVEILLANCE
[ ] CONSULTATION

[ ] KIDDIE
[ ] INFLATABLE
[ ] MAJOR
[X] OTHER

1.75

Safety Standards Division
3017 North Stiles, Suite 100
Oklahoma City, OK 73105
(405) 521-6100 Fax (405) 521-6025

[ ] OK [X] US Registration # 8594 Date 3-1-2017 Location OKC

Owner Frontier City Exempt Y (N)

User SAME (Permanent / Mobile)

Mfg. Name of Ride Silver Bullet Show Name of Ride Year

Manufacturer Serial Number Speed OK

The following orders are officially issued: (X) No Adverse Conditions Noted [ ] Operator/Maintenance Procedures

Note	Loops Looked ~~at~~ At
	Insp
	1 3/4 Hours

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.

Signature of Inspector(s) Signature of Owner/Operator/User 903

NS=Next Setup R= Red Tag D= Delay O= Before Operation W= Winter Quarters

2016

Big Cabin Inspection Services
6100 S 4300 Rd
Big Cabin OK 74332
918-381-1130 Fax 918-789-3892
staceybigcabin@aol.com

AA

CUSTOMER DATA

NAME Frontier City

ATTN: Robert

WORK ORDER# _____ P.O.# _____

JOB LOCATION _____

DESCRIPTION Hot Welds

Magnetic Particle/Penetrant Inspection Report

Date 3/1/17 Day Wed

Method of Inspection / Technique

MAGNETIC PARTICLE - FLUORESCENT (WET)

Type of Equipment Yoke ☒ Prod ☐

Magnetic Field Direction - Longitudinal ☐ Amperes used _____ Circular ☐ Amperes used 6 max

Circular Magnetic Field Performed Before Longitudinal Field Yes ☐ No ☐

Type Magnetization Current - AC ☒ DC ☐ HWDC ☐ FWDC ☐ Demagnetization Required - Yes ☐ No ☐

Yoke Leg Distance: AC- 2 to 6" ☒ DC- 2 to 4" ☐ DC- 2 to 6" ☐ Dead Weight Check - 10 lb ☒ 30 lb ☐ 50 lb ☐

MAGNETIC PARTICLE - DRY POWDER ☐

FLUORESCENT DYE PENETRANT ☐ VISIBLE DYE PENETRANT ☐ DUAL SENSITIVITY ☐

Penetrant MFG/Designation _____ Penetrant Batch No. _____ Dwell Time _____

Water Washable ☐ Solven Removable ☐ Post Emulsified ☐ Hydrophilic ☐ Lipophilic ☐

Developer MFG/Designation _____ Developer Batch No. _____ Dwell Time _____

Dry ☐ Wet ☐ Water Suspended ☐ Water Soluble ☐ Nonaqueous Wet ☐

Surface Preparation Required - Preclean ☐ Pre-Demagnetized ☐ Type Light - White ☒ Black ☐

Part / Material Temperature _____ °F Material Type / Alloy C/S

Procedure No. _____ Acceptance Criteria ASME E-1444

Silver Bullet

20% of Welded connections Acceptable

Touch

Technician Hours _____ Asst. Hours _____ Travel Hours _____ Mileage _____

Technician _____ Level _____ Form 1A _____ (Graphic Depiction)

Customer Representative _____ Total Time _____

Big Cabin Inspection Services assumes no responsibility for losses of any kind due to interpretation

Big Cabin Inspection Services
6100 S 4300 Rd
Big Cabin OK 74332
918-381-1130 Fax 918-789-3892
staceybigcabin@aol.com

Magnetic Particle/Penetrant Inspection Report

Date 1/2/17 Day Mon

CUSTOMER DATA
NAME Frontier Cty
ATTN: Brent
WORK ORDER# _____ P.O.# _____
JOB LOCATION T-C
DESCRIPTION Axle

Method of Inspection / Technique

MAGNETIC PARTICLE - FLUORESCENT (WET) X **MAGNETIC PARTICLE - DRY POWDER** ☐

Type of Equipment Yoke ☒ Prod ☐
Magnetic Field Direction - Longitudinal ☐ Amperes used _____ Circular ☐ Amperes used _____
Circular Magnetic Field Performed Before Longitudinal Field Yes ☐ No ☐
Type Magnetization Current - AC ☒ DC ☐ HWDC ☐ FWDC ☐ Demagnetization Required - Yes ☐ No ☐
Yoke Leg Distance: AC- 2 to 6" ☒ DC- 2 to 4" ☐ DC- 2 to 6" ☐ Dead Weight Check - 10 lb. ☒ 30 lb ☐ 50 lb ☐

FLUORESCENT DYE PENETRANT ☐ **VISIBLE DYE PENETRANT** ☐ **DUAL SENSITIVITY** ☐
Penetrant MFG/Designation _____ Penetrant Batch No. _____ Dwell Time _____
Water Washable ☐ Solven Removable ☐ Post Emulsified ☐ Hydrophilic ☐ Lipophilic ☐
Developer MFG/Designation _____ Developer Batch No. _____ Dwell Time _____
Dry ☐ Wet ☐ Water Suspended ☐ Water Soluble ☐ Nonaqueous Wet ☐

Surface Preparation Required - Preclean ☐ Pre-Demagnetized ☐ Type Light - White ☐ Black ☒
Part / Material Temperature _____ °F Material Type / Alloy C/S
Procedure No. _____ Acceptance Criteria ASTM E 1444

Silver Basket
(16) Wheel Hsg
(6) Con. Tube Bar Crescent Long
(6) " " " " Short
(11) Con. Tube Bar Looped
(1) Anti Roll Back assy.
(32) upstop wheel axle
(32) Side wheel axle
(32) Road wheel axle
(8) Track Pins

Acceptable

Technician Hours _____ Asst. Hours _____ Travel Hours _____ Mileage _____
Technician: _____ Level II Form 1A _____ (Graphic Depiction)
Customer Representative _____ Total Time _____

Big Cabin Inspection Services assumes no responsibility for losses of any kind due to interpretation