



STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
Office (573) 751-2930
Fax (573) 526-5971

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *Wade Shows* TELEPHONE

ADDRESS: *Ozark Empire Fair* CITY: *Springfield* STATE: *MO.* ZIP

RIDE INFORMATION

RIDE NAME: *Fun Slide* SERIAL NO.: *19325*

S SATISFACTORY - S **XX** UNSATISFACTORY - XX **NA** DOES NOT APPLY - NA
Explain orders below under REMARKS

<i>S</i> Operator's Manual	<i>S</i> Hydraulic System	<i>NA</i> Brakes
<i>S</i> Daily Inspection Log	<i>S</i> Hoses	<i>S</i> Fire Extinguisher
<i>S</i> Electrical Circuit Grounding	<i>NA</i> Air Compressors	<i>NA</i> Smoke Detectors
<i>S</i> Fused Electrical Disconnect for Ride	<i>NA</i> Safety Valve	<i>NA</i> Emergency Lighting
<i>S</i> Lighting Equipment Wiring & Secured	<i>NA</i> Tanks	<i>S</i> Ride Clearance
<i>S</i> Support Structures	<i>NA</i> Safety Restrainer's	<i>S</i> Wires
<i>S</i> Bracing	<i>NA</i> Lap Bar	<i>S</i> Trees
<i>NA</i> Sweeps	<i>NA</i> Seat Belts	<i>S</i> Egress
<i>S</i> Blocking	<i>NA</i> Tubs	<i>S</i> Steps
<i>S</i> Structure	<i>NA</i> Numbers	<i>NA</i> Ramps
<i>1</i> Correct Grade of Bolts	<i>S</i> Fiber Glass	<i>S</i> Platforms
<i>NA</i> Wire Rope Guys	<i>S</i> Holes	<i>S</i> Fences
<i>S</i> Suspension	<i>S</i> Cracks	<i>S</i> Warning Signs
<i>NA</i> Drive	<i>S</i> Edges	<i>S</i> Height Signs
<i>NA</i> Sheaves	<i>S</i> Free of Hazardous Projections	<i>S</i> Midway Electrical Cable Protection
<i>S</i> Retaining Devices	<i>NA</i> Emergency Stop Switch	<i>NA</i> Pool Condition
<i>NA</i> Guarding Moving Parts & Chains & Belts	<i>NA</i> Anti-Rollback Devices	<i>NA</i> Proper Operating Procedures

REMARKS

APPROVED
By Gus Guadamuz at 8:02 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-26-2023*



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION			
DATE OF INSPECTION			
OWNER NAME <i>Wade Shows</i>		TELEPHONE	
ADDRESS <i>Ozark Empire Fair</i>	CITY <i>Springfield</i>	STATE <i>MO</i>	ZIP
RIDE INFORMATION			
RIDE NAME <i>Lollipop</i>		SERIAL NO. <i>19305</i>	
Explain orders below under REMARKS			
SATISFACTORY - S	UNSATISFACTORY - XX	DOES NOT APPLY - NA	
<i>S</i> Operator's Manual	<i>S</i> Hydraulic System	<i>S</i> Brakes	
<i>S</i> Daily Inspection Log	<i>S</i> Hoses	<i>S</i> Fire Extinguisher	
<i>S</i> Electrical Circuit Grounding	<i>NA</i> Air Compressors	<i>NA</i> Smoke Detectors	
<i>S</i> Fused Electrical Disconnect for Ride	<i>NA</i> Safety Valve	<i>NA</i> Emergency Lighting	
<i>S</i> Lighting Equipment Wiring & Secured	<i>NA</i> Tanks	<i>S</i> Ride Clearance	
<i>S</i> Support Structures	<i>XX</i> Safety Restrainer's	<i>S</i> Wires	
<i>S</i> Bracing	<i>S</i> Lap Bar	<i>S</i> Trees	
<i>S</i> Sweeps	<i>NA</i> Seat Belts	<i>S</i> Egress	
<i>S</i> Blocking	<i>S</i> Tubs	<i>NA</i> Steps	
<i>S</i> Structure	<i>S</i> Numbers	<i>NA</i> Ramps	
<i>S</i> Correct Grade of Bolts	<i>S</i> Fiber Glass	<i>NA</i> Platforms	
<i>S</i> Wire Rope Guys	<i>S</i> Holes	<i>S</i> Fences	
<i>S</i> Suspension	<i>S</i> Cracks	<i>S</i> Warning Signs	
<i>S</i> Drive	<i>S</i> Edges	<i>S</i> Height Signs	
<i>S</i> Sheaves	<i>S</i> Free of Hazardous Projections	<i>S</i> Midway Electrical Cable Protection	
<i>S</i> Retaining Devices	<i>S</i> Emergency Stop Switch	<i>NA</i> Pool Condition	
<i>S</i> Guarding Moving Parts & Chains & Belts	<i>NA</i> Anti-Rollback Devices	<i>S</i> Proper Operating Procedures	
REMARKS			
<i>#14 Right side between the leg safety restraint missing clip NO Rider until repaired.</i>			
<div style="border: 2px solid green; border-radius: 15px; padding: 10px; display: inline-block;"> <p style="margin: 0;">APPROVED</p> <p style="margin: 0;"><i>By Gus Guadamuz at 1:31 pm, Jul 28, 2023</i></p> </div>			
<p style="color: red; margin: 0;">Violation on #14 safety restraint corrected and documented 7-28-23 Gus Guadamuz</p>			
SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY		DATE	
<i>[Signature]</i>		<i>7-26-2023</i>	
SIGNATURE OF INSPECTOR		DATE	
<i>[Signature]</i>		<i>7-26-2023</i>	



STATE OF MISSOURI
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Office (573) 751-2930
Fax (573) 526-5971

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *Wade Shows* TELEPHONE:

ADDRESS: *Ozark Empire Fair* CITY: *Springfield* STATE: *MO.* ZIP:

RIDE INFORMATION

RIDE NAME: *Sizzler* SERIAL NO.: *19292*

S SATISFACTORY - S **XX** UNSATISFACTORY - XX **NA** DOES NOT APPLY - NA
Explain orders below under REMARKS

<i>S</i>	Operator's Manual	<i>S</i>	Hydraulic System	<i>S</i>	Brakes
<i>S</i>	Daily Inspection Log	<i>S</i>	Hoses	<i>S</i>	Fire Extinguisher
<i>S</i>	Electrical Circuit Grounding	<i>NA</i>	Air Compressors	<i>NA</i>	Smoke Detectors
<i>S</i>	Fused Electrical Disconnect for Ride	<i>NA</i>	Safety Valve	<i>NA</i>	Emergency Lighting
<i>S</i>	Lighting Equipment Wiring & Secured	<i>NA</i>	Tanks	<i>S</i>	Ride Clearance
<i>S</i>	Support Structures	<i>NA</i>	Safety Restrainer's	<i>S</i>	Wires
<i>S</i>	Bracing	<i>NA</i>	Lap Bar	<i>S</i>	Trees
<i>S</i>	Sweeps	<i>NA</i>	Seat Belts	<i>S</i>	Egress
<i>S</i>	Blocking	<i>NA</i>	Tubs	<i>S</i>	Steps
<i>S</i>	Structure	<i>NA</i>	Numbers	<i>NA</i>	Ramps
<i>S</i>	Correct Grade of Bolts	<i>NA</i>	Fiber Glass	<i>NA</i>	Platforms
<i>NA</i>	Wire Rope Guys	<i>NA</i>	Holes	<i>NA</i>	Fences
<i>S</i>	Suspension	<i>NA</i>	Cracks	<i>S</i>	Warning Signs
<i>S</i>	Drive	<i>NA</i>	Edges	<i>S</i>	Height Signs
<i>NA</i>	Sheaves	<i>NA</i>	Free of Hazardous Projections	<i>S</i>	Midway Electrical Cable Protection
<i>S</i>	Retaining Devices	<i>NA</i>	Emergency Stop Switch	<i>NA</i>	Pool Condition
<i>S</i>	Guarding Moving Parts & Chains & Belts	<i>NA</i>	Anti-Rollback Devices	<i>S</i>	Proper Operating Procedures

REMARKS: *Ran OK*

APPROVED
By Gus Guadamuz at 8:03 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-26-2023*



STATE OF MISSOURI
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Jefferson City, MO 65102
Office (573) 751-2930
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OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *wade shows* TELEPHONE

ADDRESS: *ozark Empire fair* CITY: *Springfield* STATE: *MO.* ZIP

RIDE INFORMATION

RIDE NAME: *Himalaya* SERIAL NO: *19316*

SATISFACTORY - S

UNSATISFACTORY - XX

DOES NOT APPLY - NA

Explain orders below under REMARKS

<i>S</i>	Operator's Manual	<i>S</i>	Hydraulic System	<i>S</i>	Brakes
<i>S</i>	Daily Inspection Log	<i>S</i>	Hoses	<i>S</i>	Fire Extinguisher
<i>NA</i>	Electrical Circuit Grounding	<i>NA</i>	Air Compressors	<i>NA</i>	Smoke Detectors
<i>NA</i>	Fused Electrical Disconnect for Ride	<i>NA</i>	Safety Valve	<i>NA</i>	Emergency Lighting
<i>NA</i>	Lighting Equipment Wiring & Secured	<i>NA</i>	Tanks	<i>NA</i>	Ride Clearance
<i>NA</i>	Support Structures	<i>NA</i>	Safety Restrainer's	<i>NA</i>	Wires
<i>NA</i>	Bracing	<i>NA</i>	Lap Bar	<i>NA</i>	Trees
<i>XX</i>	Sweeps	<i>XX</i>	Seat Belts	<i>XX</i>	Egress
<i>S</i>	Blocking	<i>S</i>	Tubs	<i>S</i>	Steps
<i>S</i>	Structure	<i>S</i>	Numbers	<i>S</i>	Ramps
<i>NA</i>	Correct Grade of Bolts	<i>NA</i>	Fiber Glass	<i>NA</i>	Platforms
<i>S</i>	Wire Rope Guys	<i>S</i>	Holes	<i>S</i>	Fences
<i>S</i>	Suspension	<i>S</i>	Cracks	<i>S</i>	Warning Signs
<i>S</i>	Drive	<i>S</i>	Edges	<i>S</i>	Height Signs
<i>NA</i>	Sheaves	<i>NA</i>	Free of Hazardous Projections	<i>NA</i>	Midway Electrical Cable Protection
<i>XX</i>	Retaining Devices	<i>XX</i>	Emergency Stop Switch	<i>XX</i>	Pool Condition
<i>S</i>	Guarding Moving Parts & Chains & Belts	<i>NA</i>	Anti-Rollback Devices	<i>NA</i>	Proper Operating Procedures

REMARKS

*Missing R-Keys cross beam Backside Bottom
Midway - corrected 7-26-23*

*#10 seat belt no rider until seat belt repaired
#6 seat belt no rider until repaired.*

Ran OK

APPROVED

By Gus Guadamuz at 1:32 pm, Jul 28, 2023

Violations on #10 and #6 seat belts corrected and documented 7-28-23 Gus Guadamuz

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-26-2023*



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION _____

OWNER NAME Wade Shoals TELEPHONE _____

ADDRESS Ozark Empire fair CITY Springfield STATE MO. ZIP _____

RIDE INFORMATION

RIDE NAME Spider SERIAL NO. 19314

Explain orders below under REMARKS

SATISFACTORY - S		UNSATISFACTORY - XX		DOES NOT APPLY - NA	
<input checked="" type="checkbox"/>	Operator's Manual	<input checked="" type="checkbox"/>	Hydraulic System	<input checked="" type="checkbox"/>	Brakes
<input checked="" type="checkbox"/>	Daily Inspection Log	<input checked="" type="checkbox"/>	Hoses	<input checked="" type="checkbox"/>	Fire Extinguisher
<input checked="" type="checkbox"/>	Electrical Circuit Grounding	<input checked="" type="checkbox"/>	Air Compressors	<input checked="" type="checkbox"/>	Smoke Detectors
<input checked="" type="checkbox"/>	Fused Electrical Disconnect for Ride	<input checked="" type="checkbox"/>	Safety Valve	<input checked="" type="checkbox"/>	Emergency Lighting
<input checked="" type="checkbox"/>	Lighting Equipment Wiring & Secured	<input checked="" type="checkbox"/>	Tanks	<input checked="" type="checkbox"/>	Ride Clearance
<input checked="" type="checkbox"/>	Support Structures	<input checked="" type="checkbox"/>	Safety Restrainer's	<input checked="" type="checkbox"/>	Wires
<input checked="" type="checkbox"/>	Bracing	<input checked="" type="checkbox"/>	Lap Bar	<input checked="" type="checkbox"/>	Trees
<input checked="" type="checkbox"/>	Sweeps	<input checked="" type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	Egress
<input checked="" type="checkbox"/>	Blocking	<input checked="" type="checkbox"/>	Tubs	<input checked="" type="checkbox"/>	Steps
<input checked="" type="checkbox"/>	Structure	<input checked="" type="checkbox"/>	Numbers	<input checked="" type="checkbox"/>	Ramps
<input checked="" type="checkbox"/>	Correct Grade of Bolts	<input checked="" type="checkbox"/>	Fiber Glass	<input checked="" type="checkbox"/>	Platforms
<input checked="" type="checkbox"/>	Wire Rope Guys	<input checked="" type="checkbox"/>	Holes	<input checked="" type="checkbox"/>	Fences
<input checked="" type="checkbox"/>	Suspension	<input checked="" type="checkbox"/>	Cracks	<input checked="" type="checkbox"/>	Warning Signs
<input checked="" type="checkbox"/>	Drive	<input checked="" type="checkbox"/>	Edges	<input checked="" type="checkbox"/>	Height Signs
<input checked="" type="checkbox"/>	Sheaves	<input checked="" type="checkbox"/>	Free of Hazardous Projections	<input checked="" type="checkbox"/>	Midway Electrical Cable Protection
<input checked="" type="checkbox"/>	Retaining Devices	<input checked="" type="checkbox"/>	Emergency Stop Switch	<input checked="" type="checkbox"/>	Pool Condition
<input checked="" type="checkbox"/>	Guarding Moving Parts & Chains & Belts	<input checked="" type="checkbox"/>	Anti-Rollback Devices	<input checked="" type="checkbox"/>	Proper Operating Procedures

REMARKS Ran OK

APPROVED
By Gus Guadamuz at 8:03 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY _____ DATE 7-26-2023

SIGNATURE OF INSPECTOR Gus Guadamuz _____ DATE 7-26-2023



STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
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P.O. Box 844
Jefferson City, MO 65102
Office (573) 751-2930
Fax (573) 526-5971

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *Wade Shows* TELEPHONE

ADDRESS: *Ozark Empire Fair* CITY: *Springfield* STATE: *MO* ZIP

RIDE INFORMATION

RIDE NAME: *Merry-Go-Round* SERIAL NO.: *19294*

SATISFACTORY - S

UNSATISFACTORY - XX

DOES NOT APPLY - NA

Explain orders below under REMARKS

<i>S</i>	Operator's Manual	<i>NA</i>	Hydraulic System	<i>S</i>	Brakes
<i>S</i>	Daily Inspection Log	<i>NA</i>	Hoses	<i>S</i>	Fire Extinguisher
<i>S</i>	Electrical Circuit Grounding	<i>NA</i>	Air Compressors	<i>NA</i>	Smoke Detectors
<i>S</i>	Fused Electrical Disconnect for Ride	<i>NA</i>	Safety Valve	<i>NA</i>	Emergency Lighting
<i>S</i>	Lighting Equipment Wiring & Secured	<i>NA</i>	Tanks	<i>S</i>	Ride Clearance
<i>S</i>	Support Structures	<i>NA</i>	Safety Restrainer's	<i>S</i>	Wires
<i>S</i>	Bracing	<i>NA</i>	Lap Bar	<i>S</i>	Trees
<i>S</i>	Sweeps	<i>NA</i>	Seat Belts	<i>S</i>	Egress
<i>S</i>	Blocking	<i>S</i>	Tubs	<i>NA</i>	Steps
<i>S</i>	Structure	<i>S</i>	Numbers	<i>NA</i>	Ramps
<i>S</i>	Correct Grade of Bolts	<i>S</i>	Fiber Glass	<i>NA</i>	Platforms
<i>NA</i>	Wire Rope Guys	<i>S</i>	Holes	<i>NA</i>	Fences
<i>S</i>	Suspension	<i>S</i>	Cracks	<i>S</i>	Warning Signs
<i>S</i>	Drive	<i>S</i>	Edges	<i>S</i>	Height Signs
<i>S</i>	Sheaves	<i>S</i>	Free of Hazardous Projections	<i>S</i>	Midway Electrical Cable Protection
<i>S</i>	Retaining Devices	<i>S</i>	Emergency Stop Switch	<i>NA</i>	Pool Condition
<i>S</i>	Guarding Moving Parts & Chains & Belts	<i>NA</i>	Anti-Rollback Devices	<i>NA</i>	Proper Operating Procedures

REMARKS

No current operating sticker

Verified that Decal was on unit on 7/26/2023 RD

APPROVED
By Gus Guadamuz at 9:42 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-26-2023*



STATE OF MISSOURI
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 DIVISION OF FIRE SAFETY
AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

Amusement Ride Safety Unit
 P.O. Box 844
 Jefferson City, MO 65102
 Office (573) 751-2930
 Fax (573) 526-5971

OWNER INFORMATION

DATE OF INSPECTION _____

OWNER NAME Wade Shows TELEPHONE _____

ADDRESS Ozark Empire fair CITY Springfield STATE MO ZIP _____

RIDE INFORMATION

RIDE NAME Best Affair SERIAL NO. 19311

SATISFACTORY - S

UNSATISFACTORY - XX

DOES NOT APPLY - NA

Explain orders below under REMARKS

<u>S</u>	Operator's Manual	<u>NA</u>	Hydraulic System	<u>S</u>	Brakes
<u>S</u>	Daily Inspection Log	<u>NA</u>	Hoses	<u>S</u>	Fire Extinguisher
<u>S</u>	Electrical Circuit Grounding	<u>NA</u>	Air Compressors	<u>NA</u>	Smoke Detectors
<u>S</u>	Fused Electrical Disconnect for Ride	<u>NA</u>	Safety Valve	<u>NA</u>	Emergency Lighting
<u>S</u>	Lighting Equipment Wiring & Secured	<u>NA</u>	Tanks	<u>S</u>	Ride Clearance
<u>S</u>	Support Structures	<u>S</u>	Safety Restrainer's	<u>S</u>	Wires
<u>S</u>	Bracing	<u>NA</u>	Lap Bar	<u>S</u>	Trees
<u>S</u>	Sweeps	<u>NA</u>	Seat Belts	<u>S</u>	Egress
<u>S</u>	Blocking	<u>NA</u>	Tubs	<u>S</u>	Steps
<u>S</u>	Structure	<u>NA</u>	Numbers	<u>NA</u>	Ramps
<u>S</u>	Correct Grade of Bolts	<u>NA</u>	Fiber Glass	<u>NA</u>	Platforms
<u>S</u>	Wire Rope Guys	<u>NA</u>	Holes	<u>S</u>	Fences
<u>S</u>	Suspension	<u>NA</u>	Cracks	<u>S</u>	Warning Signs
<u>S</u>	Drive	<u>NA</u>	Edges	<u>S</u>	Height Signs
<u>S</u>	Sheaves	<u>NA</u>	Free of Hazardous Projections	<u>S</u>	Midway Electrical Cable Protection
<u>S</u>	Retaining Devices	<u>NA</u>	Emergency Stop Switch	<u>NA</u>	Pool Condition
<u>S</u>	Guarding Moving Parts & Chains & Belts	<u>NA</u>	Anti-Rollback Devices	<u>NA</u>	Proper Operating Procedures

REMARKS

APPROVED
 By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY [Signature] DATE 7-28-2023

SIGNATURE OF INSPECTOR [Signature] DATE 7-26-2023



STATE OF MISSOURI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY

Amusement Ride Safety Unit
P.O. Box 844
Jefferson City, MO 65102
(573) 751-2930

AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME

Wade Shows

TELEPHONE

ADDRESS

Ozark Empire Fair

CITY

Springfield

STATE

MO

ZIP

RIDE INFORMATION

RIDE NAME

Spin The Apple

SERIAL NO.

19312

Explain orders below under REMARKS

SATISFACTORY - S		UNSATISFACTORY - XX		DOES NOT APPLY - NA	
S	Operator's Manual	NA	Hydraulic System	S	Brakes
S	Daily Inspection Log	NA	Hoses	S	Fire Extinguisher
S	Electrical Circuit Grounding	NA	Air Compressors	NA	Smoke Detectors
S	Fused Electrical Disconnect for Ride	NA	Safety Valve	NA	Emergency Lighting
S	Lighting Equipment Wiring & Secured	NA	Tanks	S	Ride Clearance
S	Support Structures	NA	Safety Restrainer's	S	Wires
S	Bracing	NA	Lap Bar	S	Trees
S	Sweeps	NA	Seat Belts	S	Egress
S	Blocking	NA	Tubs	S	Steps
S	Structure	NA	Numbers	S	Ramps
S	Correct Grade of Bolts	NA	Fiber Glass	S	Platforms
S	Wire Rope Guys	NA	Holes	S	Fences
S	Suspension	NA	Cracks	S	Warning Signs
S	Drive	NA	Edges	S	Height Signs
S	Sheaves	NA	Free of Hazardous Projections	S	Midway Electrical Cable Protection
S	Retaining Devices	NA	Emergency Stop Switch	NA	Pool Condition
S	Guarding Moving Parts & Chains & Belts	NA	Anti-Rollback Devices	S	Proper Operating Procedures

REMARKS

APPROVED

By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY

DATE

7-26-2023

SIGNATURE OF INSPECTOR

DATE

7-25-2023



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME

Wade Shows

TELEPHONE

ADDRESS

Ozark Empire Fair

CITY

Springfield

STATE

MO

ZIP

RIDE INFORMATION

RIDE NAME

Dino

SERIAL NO.

19317

Explain orders below under REMARKS

SATISFACTORY - S		UNSATISFACTORY - XX		DOES NOT APPLY - NA	
<i>S</i>	Operator's Manual	<i>NA</i>	Hydraulic System	<i>S</i>	Brakes
<i>S</i>	Daily Inspection Log	<i>NA</i>	Hoses	<i>S</i>	Fire Extinguisher
<i>S</i>	Electrical Circuit Grounding	<i>S</i>	Air Compressors	<i>NA</i>	Smoke Detectors
<i>S</i>	Fused Electrical Disconnect for Ride	<i>S</i>	Safety Valve	<i>NA</i>	Emergency Lighting
<i>S</i>	Lighting Equipment Wiring & Secured	<i>S</i>	Tanks	<i>NA</i>	Ride Clearance
<i>S</i>	Support Structures	<i>NA</i>	Safety Restrainer's	<i>NA</i>	Wires
<i>S</i>	Bracing	<i>NA</i>	Lap Bar	<i>NA</i>	Trees
<i>S</i>	Sweeps	<i>S</i>	Seat Belts	<i>NA</i>	Egress
<i>S</i>	Blocking	<i>S</i>	Tubs	<i>NA</i>	Steps
<i>S</i>	Structure	<i>S</i>	Numbers	<i>NA</i>	Ramps
<i>S</i>	Correct Grade of Bolts	<i>S</i>	Fiber Glass	<i>NA</i>	Platforms
<i>S</i>	Wire Rope Guys	<i>S</i>	Holes	<i>NA</i>	Fences
<i>S</i>	Suspension	<i>S</i>	Cracks	<i>NA</i>	Warning Signs
<i>S</i>	Drive	<i>S</i>	Edges	<i>NA</i>	Height Signs
<i>S</i>	Sheaves	<i>S</i>	Free of Hazardous Projections	<i>NA</i>	Midway Electrical Cable Protection
<i>S</i>	Retaining Devices	<i>S</i>	Emergency Stop Switch	<i>NA</i>	Pool Condition
<i>S</i>	Guarding Moving Parts & Chains & Belts	<i>NA</i>	Anti-Rollback Devices	<i>NA</i>	Proper Operating Procedures

REMARKS

*Tub #2 seat not secure - seat belt tied off
no riders until repaired.*

APPROVED
By Gus Guadamuz at 1:35 pm, Jul 28, 2023

Violation on TUB #2 corrected and
Documented 7-28-23
Gus Guadamuz

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY

[Signature]

DATE

7-26-2023

SIGNATURE OF INSPECTOR

[Signature]

DATE

7-25-2023



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *Wade Shows* TELEPHONE

ADDRESS: *Ozark Empire Fair* CITY: *Springfield* STATE: *MO* ZIP

RIDE INFORMATION

RIDE NAME: *Rainbow Rock* SERIAL NO.: *19296*

Satisfactory - S			Unsatisfactory - XX			Does Not Apply - NA		
<i>S</i>	Operator's Manual	<i>N/A</i>	<i>N/A</i>	Hydraulic System	<i>N/A</i>	<i>N/A</i>	Brakes	
<i>S</i>	Daily Inspection Log	<i>N/A</i>	<i>N/A</i>	Hoses	<i>S</i>	<i>S</i>	Fire Extinguisher	
<i>S</i>	Electrical Circuit Grounding	<i>N/A</i>	<i>N/A</i>	Air Compressors	<i>N/A</i>	<i>N/A</i>	Smoke Detectors	
<i>N/A</i>	Fused Electrical Disconnect for Ride	<i>N/A</i>	<i>N/A</i>	Safety Valve	<i>N/A</i>	<i>N/A</i>	Emergency Lighting	
<i>S</i>	Lighting Equipment Wiring & Secured	<i>N/A</i>	<i>N/A</i>	Tanks	<i>N/A</i>	<i>N/A</i>	Ride Clearance	
<i>S</i>	Support Structures	<i>N/A</i>	<i>N/A</i>	Safety Restrainer's	<i>N/A</i>	<i>N/A</i>	Wires	
<i>S</i>	Bracing	<i>N/A</i>	<i>N/A</i>	Lap Bar	<i>N/A</i>	<i>N/A</i>	Trees	
<i>N/A</i>	Sweeps	<i>N/A</i>	<i>N/A</i>	Seat Belts	<i>N/A</i>	<i>N/A</i>	Egress	
<i>N/A</i>	Blocking	<i>N/A</i>	<i>N/A</i>	Tubs	<i>N/A</i>	<i>N/A</i>	Steps	
<i>N/A</i>	Structure	<i>N/A</i>	<i>N/A</i>	Numbers	<i>N/A</i>	<i>N/A</i>	Ramps	
<i>S</i>	Correct Grade of Bolts	<i>S</i>	<i>S</i>	Fiber Glass	<i>N/A</i>	<i>N/A</i>	Platforms	
<i>N/A</i>	Wire Rope Guys	<i>N/A</i>	<i>N/A</i>	Holes	<i>N/A</i>	<i>N/A</i>	Fences	
<i>S</i>	Suspension	<i>S</i>	<i>S</i>	Cracks	<i>N/A</i>	<i>N/A</i>	Warning Signs	
<i>N/A</i>	Drive	<i>N/A</i>	<i>N/A</i>	Edges	<i>N/A</i>	<i>N/A</i>	Height Signs	
<i>N/A</i>	Sheaves	<i>N/A</i>	<i>N/A</i>	Free of Hazardous Projections	<i>N/A</i>	<i>N/A</i>	Midway Electrical Cable Protection	
<i>XX</i>	Retaining Devices	<i>N/A</i>	<i>N/A</i>	Emergency Stop Switch	<i>N/A</i>	<i>N/A</i>	Pool Condition	
<i>N/A</i>	Guarding Moving Parts & Chains & Belts	<i>N/A</i>	<i>N/A</i>	Anti-Rollback Devices	<i>N/A</i>	<i>N/A</i>	Proper Operating Procedures	

REMARKS

Missing R-Key front Panel

Missing R-Key Back Brace for Panels

corrected 7-26-23 CHZ

APPROVED
By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-25-23*



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME

Wade Shows

TELEPHONE

ADDRESS

OSARK Empire fair

CITY

Springfield

STATE

MO

ZIP

RIDE INFORMATION

RIDE NAME

Crazy Plane

SERIAL NO.

19307

Explain orders below under REMARKS

SATISFACTORY - S

UNSATISFACTORY - XX

DOES NOT APPLY - NA

<input checked="" type="checkbox"/>	Operator's Manual	<input checked="" type="checkbox"/>	Hydraulic System	<input checked="" type="checkbox"/>	Brakes
<input checked="" type="checkbox"/>	Daily Inspection Log	<input checked="" type="checkbox"/>	Hoses	<input checked="" type="checkbox"/>	Fire Extinguisher
<input checked="" type="checkbox"/>	Electrical Circuit Grounding	<input checked="" type="checkbox"/>	Air Compressors	<input checked="" type="checkbox"/>	Smoke Detectors
<input checked="" type="checkbox"/>	Fused Electrical Disconnect for Ride	<input checked="" type="checkbox"/>	Safety Valve	<input checked="" type="checkbox"/>	Emergency Lighting
<input checked="" type="checkbox"/>	Lighting Equipment Wiring & Secured	<input checked="" type="checkbox"/>	Tanks	<input checked="" type="checkbox"/>	Ride Clearance
<input checked="" type="checkbox"/>	Support Structures	<input checked="" type="checkbox"/>	Safety Restrainer's	<input checked="" type="checkbox"/>	Wires
<input checked="" type="checkbox"/>	Bracing	<input checked="" type="checkbox"/>	Lap Bar	<input checked="" type="checkbox"/>	Trees
<input checked="" type="checkbox"/>	Sweeps	<input checked="" type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	Egress
<input checked="" type="checkbox"/>	Blocking	<input checked="" type="checkbox"/>	Tubs	<input checked="" type="checkbox"/>	Steps
<input checked="" type="checkbox"/>	Structure	<input checked="" type="checkbox"/>	Numbers	<input checked="" type="checkbox"/>	Ramps
<input checked="" type="checkbox"/>	Correct Grade of Bolts	<input checked="" type="checkbox"/>	Fiber Glass	<input checked="" type="checkbox"/>	Platforms
<input checked="" type="checkbox"/>	Wire Rope Guys	<input checked="" type="checkbox"/>	Holes	<input checked="" type="checkbox"/>	Fences
<input checked="" type="checkbox"/>	Suspension	<input checked="" type="checkbox"/>	Cracks	<input checked="" type="checkbox"/>	Warning Signs
<input checked="" type="checkbox"/>	Drive	<input checked="" type="checkbox"/>	Edges	<input checked="" type="checkbox"/>	Height Signs
<input checked="" type="checkbox"/>	Sheaves	<input checked="" type="checkbox"/>	Free of Hazardous Projections	<input checked="" type="checkbox"/>	Midway Electrical Cable Protection
<input checked="" type="checkbox"/>	Retaining Devices	<input checked="" type="checkbox"/>	Emergency Stop Switch	<input checked="" type="checkbox"/>	Pool Condition
<input checked="" type="checkbox"/>	Guarding Moving Parts & Chains & Belts	<input checked="" type="checkbox"/>	Anti-Rollback Devices	<input checked="" type="checkbox"/>	Proper Operating Procedures

REMARKS

APPROVED

By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY

DATE

7-26-2023

SIGNATURE OF INSPECTOR

DATE

7/25/23



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME: *Wade Shows* TELEPHONE

ADDRESS: *Ozark Empire fair* CITY: *Springfield* STATE: *MO* ZIP

RIDE INFORMATION

RIDE NAME: *4P UP & Away* SERIAL NO.: *19299*

Explain orders below under REMARKS

SATISFACTORY - S		UNSATISFACTORY - XX		DOES NOT APPLY - NA	
<i>S</i>	Operator's Manual	<i>S</i>	Hydraulic System	<i>S</i>	Brakes
<i>S</i>	Daily Inspection Log	<i>S</i>	Hoses	<i>S</i>	Fire Extinguisher
<i>S</i>	Electrical Circuit Grounding	<i>NA</i>	Air Compressors	<i>NA</i>	Smoke Detectors
<i>S</i>	Fused Electrical Disconnect for Ride	<i>NA</i>	Safety Valve	<i>NA</i>	Emergency Lighting
<i>S</i>	Lighting Equipment Wiring & Secured	<i>NA</i>	Tanks	<i>NA</i>	Ride Clearance
<i>S</i>	Support Structures	<i>S</i>	Safety Restrainer's	<i>S</i>	Wires
<i>S</i>	Bracing	<i>S</i>	Lap Bar	<i>S</i>	Trees
<i>S</i>	Sweeps	<i>S</i>	Seat Belts	<i>S</i>	Egress
<i>S</i>	Blocking	<i>NA</i>	Tubs	<i>NA</i>	Steps
<i>S</i>	Structure	<i>NA</i>	Numbers	<i>NA</i>	Ramps
<i>S</i>	Correct Grade of Bolts	<i>NA</i>	Fiber Glass	<i>NA</i>	Platforms
<i>NA</i>	Wire Rope Guys	<i>NA</i>	Holes	<i>NA</i>	Fences
<i>S</i>	Suspension	<i>NA</i>	Cracks	<i>NA</i>	Warning Signs
<i>S</i>	Drive	<i>NA</i>	Edges	<i>NA</i>	Height Signs
<i>S</i>	Sheaves	<i>NA</i>	Free of Hazardous Projections	<i>NA</i>	Midway Electrical Cable Protection
<i>S</i>	Retaining Devices	<i>NA</i>	Emergency Stop Switch	<i>NA</i>	Pool Condition
<i>S</i>	Guarding Moving Parts & Chains & Belts	<i>NA</i>	Anti-Rollback Devices	<i>NA</i>	Proper Operating Procedures

REMARKS

APPROVED
By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY: *[Signature]* DATE: *7-26-2023*

SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7-25-2023*



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME

Wade Shows

TELEPHONE

ADDRESS

Ozark Empire Fair

CITY

Springfield

STATE

MO.

ZIP

RIDE INFORMATION

RIDE NAME

MONSTER TRUCK

SERIAL NO.

19303

Explain orders below under REMARKS

SATISFACTORY - S		UNSATISFACTORY - XX		DOES NOT APPLY - NA	
S	Operator's Manual	NA	Hydraulic System	S	Brakes
S	Daily Inspection Log	NA	Hoses	S	Fire Extinguisher
S	Electrical Circuit Grounding	NA	Air Compressors	NA	Smoke Detectors
S	Fused Electrical Disconnect for Ride	NA	Safety Valve	NA	Emergency Lighting
S	Lighting Equipment Wiring & Secured	NA	Tanks	NA	Ride Clearance
S	Support Structures	NA	Safety Restrainer's	NA	Wires
S	Bracing	NA	Lap Bar	NA	Trees
S	Sweeps	NA	Seat Belts	NA	Egress
S	Blocking	NA	Tubs	NA	Steps
S	Structure	NA	Numbers	NA	Ramps
S	Correct Grade of Bolts	NA	Fiber Glass	NA	Platforms
S	Wire Rope Guys	NA	Holes	NA	Fences
S	Suspension	NA	Cracks	NA	Warning Signs
S	Drive	NA	Edges	NA	Height Signs
S	Sheaves	NA	Free of Hazardous Projections	NA	Midway Electrical Cable Protection
S	Retaining Devices	NA	Emergency Stop Switch	NA	Pool Condition
S	Guarding Moving Parts & Chains & Belts	NA	Anti-Rollback Devices	NA	Proper Operating Procedures

REMARKS

APPROVED
By Gus Guadamuz at 8:04 am, Jul 28, 2023

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY

DATE

7-26-2023

SIGNATURE OF INSPECTOR

DATE

7-25-2023



AMUSEMENT RIDE SAFETY SPOT INSPECTION REPORT

OWNER INFORMATION

DATE OF INSPECTION

OWNER NAME

Wabe Shows

TELEPHONE

ADDRESS

Ozark Empire Fair

CITY

Springfield

STATE

MO

ZIP

RIDE INFORMATION

RIDE NAME

EXTREME

SERIAL NO.

19306

Explain orders below under REMARKS

SATISFACTORY - S

UNSATISFACTORY - XX

DOES NOT APPLY - NA

SATISFACTORY - S	UNSATISFACTORY - XX	DOES NOT APPLY - NA
Operator's Manual	Hydraulic System	Brakes
Daily Inspection Log	Hoses	Fire Extinguisher
Electrical Circuit Grounding	Air Compressors	Smoke Detectors
Fused Electrical Disconnect for Ride	Safety Valve	Emergency Lighting
Lighting Equipment Wiring & Secured	Tanks	Ride Clearance
Support Structures	Safety Restrainer's	Wires
Bracing	Lap Bar	Trees
Sweeps	Seat Belts	Egress
Blocking	Tubs	Steps
Structure	Numbers	Ramps
Correct Grade of Bolts	Fiber Glass	Platforms
Wire Rope Guys	Holes	Fences
Suspension	Cracks	Warning Signs
Drive	Edges	Height Signs
Sheaves	Free of Hazardous Projections	Midway Electrical Cable Protection
Retaining Devices	Emergency Stop Switch	Pool Condition
Guarding Moving Parts & Chains & Belts	Anti-Rollback Devices	Proper Operating Procedures

REMARKS

APPROVED
Violation of #14 safety restraint
By Gus Guadamuz at 8:04 am, Jul 28, 2023
7-28-23 GusGuadamu

SIGNATURE AND TITLE OF PERSON WHO RECEIVED OWNER'S COPY

DATE

7-25-2023

SIGNATURE OF INSPECTOR

DATE

7-26-2023