

| OWNER INFORMATION | | | | | | | |
|---|------|--|--------------|--|--|--|--|
| OWNER NAME | | | | DATE OF INSPECTION | | | |
| ED NEOPER 4-11-2024 | | | | | | | |
| BUSINESS NAME PHONE | | | | | | | |
| ARCHWAY AMUSEMENTS INC | | | | 314-378-8698 | | | |
| ADDRESS | | CITY | | STATE ZIP | | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | | | |
| RIDE INFORMATION . | | 1 | | | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | L ROLL | ER COASTER, CAROUSEL, ETC) | | | |
| BOOMER | | KIDDIE | | | | | |
| MANUFACTURER | | | UFACT | URE DATE | | | |
| ME RIDES | | 200 | 9 | | | | |
| SERIAL NO. | To | | | OF LAST NOT TEST(S) | | | |
| 6102021MCO4200031 | 7 | ARIES N/A | | | | | |
| | | AND THE PROPERTY OF THE PROPER | | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | | | |
| | | Explain orders below under REMARKS | | | | | |
| FUNDAMENTAL | | ENTRANCE & EGRESS | | ELECTRICAL | | | |
| N/A Upholstery / Seat Conditions Safety Restraints - Lap Bar, Seat Belts, | S | Steps | S | Portable Generator Grounded per NFPA | | | |
| N/A Harness | S | Ramps Platforms | S | Midway Electrical Boxes - Guarding Electrical Wiring Protected | | | |
| N/A Tub / Seat Numbering | S | Fencing | S | Electrical Viring Protected Electrical Disconnect for Ride | | | |
| Tubs / Hazardous Projections / Conditions | S | Warning Signs / Rider Restrictions | S | Lighting Equipment Wiring & Secured | | | |
| S Fiber Glass Conditions | | | S | Emergency Stop Switches | | | |
| Fire Extinguisher - NFPA 101 | S | MECHANICAL | - | | | | |
| S Ride Clearance of Obstructions S Manufacturer's Manual | S | Drive Sheaves | S | STRUCTURAL Bracing | | | |
| S Daily Inspection Log | | Single Point Suspension | N/A | Sweeps | | | |
| S Maintenance Log | S | Guarding Moving Parts & Chains & Belts | S | Blocking | | | |
| S Operator Training Program | N/A | Hydraulic System | N/A | Gears S | | | |
| Proper Operating Procedures when | S | Lubrication | S | Correct Grade of Bolts | | | |
| S Observed N/A Dark Rides - per NFPA 101 | IN/A | Anti-Rollback Devices | S | Fasteners, Safety Clips, R-Keys, Pins, Etc. | | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes Air Tank - requires Missouri Inspection | S | Wire Rope Inspection | | | |
| OTHER | N/A | Certificate if >5 cu. ft. or 38 gal. | | | | | |
| N/A Reviewed NDT Test Reports | | out the state of t | t^{-} | | | | |
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| A 100 May 100 | | The second secon | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | LOW | MANUFACTURER'S INSPECTION GUIDEL | INES | | | | |
| REMARKS: DEGET WED MAY 2 0 2024 BY COMP | | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE NOTE: This is a general check list and is not intended to be "all inclusive". It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection. SIGNATURE OF INSPECTOR | | | | | | | |
| 1) 0000 (2) | سه | W | | 4-11 -2024 | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | 1 | | 1111 2021 | | | |
| DANNY CARNER OWNER DOUBLE A ENTERPRISES | | | | | | | |



| Owner Information | | TO A STATE OF THE | | | | | () |
|--|--------|---|--|-------------|---------|--|--|
| OWNER INFORMATION OWNER NAME | | | | | | DATE OF INSPEC | СТОМ |
| TAMARA AND DARREL JONES | | | | | | 4-11-2024 | CHON |
| BUSINESS NAME | | | | | | 1 PHONE | |
| SONSHINE AMUSEMENTS | | | | | | 205-913-33614 | |
| ADDRESS | | CIT | Y | | | STATE | ZiP |
| P.O. BOX 548 | | OI | DENVILLE | | | AT ADAMA | |
| RIDE INFORMATION | | ĮOI. | DENVILLE | | | ALABAMA | 35120 |
| RIDE INFORMATION RIDE NAME | | | | | | CANADA PARAMETER AND THE STREET OF THE STREE | |
| | | | | EX: META | AL ROLL | ER COASTER, CAROUSEL, ETC | C) |
| CLIFF HANGER | | | ADULT | | | | |
| MANUFACTURER | | | | MAI | NUFACT | URE DATE | |
| BATECH ENT. | | | | 201 | 2000 | | |
| SERIAL NO. | | APACITY | RPM | | DATE O | F LAST NDT TEST(S) | |
| 1205022-5K | [3 | 0 | 12 | | - | | 1921 |
| Satisfactory - S | | | actory - XX | | | Does Not App | ply - NA |
| ELISTABRESITAL | | | below under REM | IARKS | | | |
| FUNDAMENTAL S Upholstery / Seat Conditions | N/A | ENTRANCE & EC Steps | SRESS | | S | ELECTRICAL | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | | | 13 | Portable Generator Grou Midway Electrical Boxe | Inded per NFPA |
| S Harness | N/A | Platforms | | | S | Electrical Wiring Protect | |
| S Tub / Seat Numbering | Š | Fencing | | | S | Electrical Disconnect for | |
| Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions | 5 | Warning Signs / | Rider Restrictions | | 2 | Lighting Equipment Wiri | |
| S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | | MECHANICAL | | | S | Emergency Stop Switch | nes |
| S Ride Clearance of Obstructions | S | Drive | | | + | STRUCTURAL | |
| S Manufacturer's Manual | S | Sheaves | *************************************** | | S | Bracing | |
| Daily Inspection Log | N/A | Single Point Sus | | | N/A | Sweeps | |
| S Maintenance Log | S | | Parts & Chains & | Belts | S | Blocking | |
| S Operator Training Program Proper Operating Procedures when | S | Hydraulic Syster | ח | | S | Gears S | |
| S Observed | | Lubrication Anti-Rollback De | vices | | S | Correct Grade of Bolts Fasteners, Safety Clips | D.1/ Di Et |
| N/A Dark Rides - per NFPA 101 | S | Brakes | Vices | | S | Wire Rope Inspection | . R-Keys, Pins, Etc |
| S | | Air Tank - require | es Missouri Inspec | ction | | Trice Proper inspection | |
| OTHER | N/A | Certificate if >5 | cu. ft. or 38 gal. | | | | |
| N/A Reviewed NDT Test Reports | | | | | 4 | | |
| | | | | | + | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | LOW | MANUEACTURE | D'S INSPECTION | CUIDEI | INIES | | V-111111111111111111111111111111111111 |
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| REMARKS: DEGET V MAY 2 V 2024 By MA | | | | | | APPROV | |
| AT THE TIME OF THE MANUFACTURE NOTE: This is a general check list and is not intended by the second | ied to | be"all inclusive". ions Guidelines a | It is the responsibi | ility of th | e insp | ector to perform the annu | ual safety inspection |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | س | W | Commission Associations and the commission of th | | | 4-11 -2024 | |
| λ | DOI | JBLE A ENTE | RPRISES | | | | |



| OWNER INFORMATION | | | | | | |
|--|---------------|--|-----------|----------|--|----------------------|
| OWNER NAME | | | | | DATE OF INSPEC | CTION |
| TAMARA AND DARREL JONES | | | | | 4-11-2024 | |
| BUSINESS NAME | | | | | PHONE | |
| SONSHINE AMUSEMENTS | | | | 2 | 05-913-33614 | |
| ADDRESS | | CITY | | | STATE | ZIP |
| P.O. BOX 548 | | ODENVILLE | | | ALABAMA | 35120 |
| RIDE INFORMATION . | | , | | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: M | METAL R | OLLER | COASTER, CAROUSEL, ETC | 5) |
| COMBINATION | | KIDDIE | | | | |
| MANUFACTURER | | | MANUF | ACTURE | DATE | |
| HAMPTON | | | 1996 | | | |
| SERIAL NO. | C | APACITY RPM | DA | TE OF LA | AST NDT TEST(S) | |
| HAMPTM0199208 | 3 | 0 7- | | | | |
| Satisfactory C | | UnCatiofactor: VV | - | | Dage Met Au | -L - NIA |
| Satisfactory - S | | UnSatisfactory - XX | VC. | | Does Not App | DIY - NA |
| FUNDAMENTAL. | Т— | Explain orders below under REMARI ENTRANCE & EGRESS | KS T | | POTRIO I | |
| S Upholstery / Seat Conditions | S | Steps | S | | ECTRICAL ortable Generator Grou | inded nor NEDA |
| Safety Restraints - Lap Bar, Seat Belts, | S | Ramps | S | | idway Electrical Boxes | |
| | S | Platforms | S | INI | ectrical Wiring Protect | |
| S Hamess S Tub / Seat Numbering S Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions | S | Fencing | S | | ectrical Disconnect for | |
| Tubs / Hazardous Projections / Conditions | 2 | Warning Signs / Rider Restrictions | S | Lie | ahting Equipment Wiri | |
| S Fiber Glass Conditions | | | S | E | mergency Stop Switch | es |
| S Fire Extinguisher - NFPA 101 S Ride Clearance of Obstructions | 1- | MECHANICAL | | | MINUTES AND AND ADDRESS OF THE ADDRE | |
| S Ride Clearance of Obstructions | S | Drive | | | TRUCTURAL | |
| S Manufacturer's Manual S Daily Inspection Log | | Sheaves | S | | racing | |
| S Daily Inspection Log S Maintenance Log | S | Single Point Suspension | N/ | - 9 | weeps | |
| S Operator Training Program | | Guarding Moving Parts & Chains & Bel | lts S | | ocking | |
| Proper Operating Procedures when | S | Hydraulic System Lubrication | 2 | 1 - | ears S | |
| S Observed | N/A | Anti-Rollback Devices | - S | | orrect Grade of Bolts | D.1/ DI T |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | | asteners, Safety Clips | R-Keys, Pins, Etc |
| S | - | Air Tank - requires Missouri Inspection | | - 4 | fire Rope Inspection | |
| OTHER | N/A | Certificate if >5 cu. ft. or 38 gal. | - | + | | |
| N/A Reviewed NDT Test Reports | 1 | | | _ | | |
| | | | | | *************************************** | |
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| IN THE ABSENCE OF ASTM STANDARDS FOR | LOW | MANUFACTURER'S INSPECTION GUIL | DELIN | ES | | |
| REMARKS: DEGETVED MAY 2 V 2024 APPROVED ARAU OL | | | | | | |
| AT THE TIME OF THE MANUFACTUR NOTE: This is a general check list and is not inten per ASTM National Standards, Manufacturer's Ir amusement ride was inspected in accordance wi inspection. SIGNATURE OF INSPECTOR PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | ded to | be"all inclusive". It is the responsibility of the best of the countries and all Missouri laws. In | of the in | nspect | or to perform the annu | al safety inspection |
| DANING CARNED OWNER | DOI | IDI E A ENTEDDDICEC | | | | |
| DEINTED NAME AND THE OF INSPECTOR AD COUNTY |) <u>~</u> | N . | | | 4-11 -2024 | |
| X | | | | | | |
| DANNY CABNER OWNER | DOI | JBLE A ENTERPRISES | | | | |



| | | | | | - | | (373) 731-2931 |
|--|---------|--------------------------------------|--|----------|-------------|--|-----------------------|
| OWNER INFORMATION | | | | | | | |
| OWNER NAME | | | | | | DATE OF INSPEC | CTION |
| TAMARA AND DARREL JONES | | | | | | 4-11-2024 | |
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| SONSHINE AMUSEMENTS | | | | | | 205-913-33614 | |
| ADDRESS | | C | ITY | | | STATE | ZIP |
| P.O. BOX 548 | | C | DENVILLE | | | ALABAMA | 35120 |
| RIDE INFORMATION | , | | | | | | |
| RIDE NAME | | | PIDE DESCRIPTION (EX | · META | I BOLL | ER COASTER, CAROUSEL, ETC | N |
| | | | A CONTRACTOR OF THE PARTY OF TH | . WIL 17 | IL NOLL | EN COASTER, CAROUSEL, ETC | •) |
| DIZZY DRAGON MANUFACTURER | | | KIDDIE | 1 | U IE L ÒZ | LIGE DATE | 70 |
| | | | | | | URE DATE | |
| SELLNER serial no. | | CAPACITY | 7 | 200 | | CLAST NOT TROTTO | |
| | | | RPM | - 1 | DATEC | F LAST NDT TEST(S) | |
| DRAGON 92T-07 | 12 | .4 | 702282-5 | DR | mirrous iso | | |
| Satisfactory - S | | UnSatis | factory - XX | | | Does Not App | oly - NA |
| | | | s below under REMA | RKS | | DOOD NOT AP | ory INA |
| FUNDAMENTAL. | T | ENTRANCE & E | | | | ELECTRICAL | |
| S Upholstery / Seat Conditions | S | Steps | | | S | Portable Generator Grou | inded per NFPA |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | | | S | Midway Electrical Boxe | s - Guarding |
| S Harness S Tub / Seat Numbering S Tubs / Hazardous Projections / Conditions | | Platforms | | | S | Electrical Wiring Protect | ed |
| Tub / Seat Numbering Tubs / Hazardous Projections / Conditions | S | Fencing | /D:1-D 111 | | S | Electrical Disconnect for | r Ride |
| S Fiber Glass Conditions | - | vvarning Signs | / Rider Restrictions | | IS | Lighting Equipment Wiri | ng & Secured |
| S Fire Extinguisher - NFPA 101 | +- | MECHANICAL | | | - | Emergency Stop Switch | ies |
| S Ride Clearance of Obstructions | S | Drive | | | 1 | STRUCTURAL | |
| Manufacturer's Manual | S | Sheaves | | | S | Bracing | |
| Daily Inspection Log | N/A | Consider Office | | | N/A | Sweeps | |
| S Maintenance Log S Operator Training Program | 15 | Guarding Movin | ng Parts & Chains & E | 3elts | S | Blocking | |
| Proper Operating Procedures when | S | Hydraulic Syste Lubrication | em | | S | Gears S | |
| S Observed | | Anti-Rollback D | Pevices | | 5 | Correct Grade of Bolts Fasteners. Safety Clips | D. Vous Dies Ets |
| N/A Dark Rides - per NFPA 101 | S | Brakes | 701003 | | S | Wire Rope Inspection | R-Neys, Pins, Etc. |
| S | | Air Tank - requ | ires Missouri Inspecti | ion | T | THE TROPO MOPOSION | |
| OTHER | N/A | Certificate if > | 5 cu. ft. or 38 gal. | | | | |
| N/A Reviewed NDT Test Reports | + | | *************************************** | | - | | |
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| IN THE ABSENCE OF ASTM STANDARDS FO | NIOW | MANUEACTUR | EDIS INSDECTION G | IIDEI | INICO | | |
| IN THE ABOLINGE OF ASTRIBITANDANDS FO | N-LORA | MANUFACTUR | ER S INSPECTION G | CILICL | IMES | | |
| MAY 2 0 2024 | | | | | 0 | Talky Di | |
| AT THE TIME OF THE MANUFACTUR NOTE: This is a general check list and is not inte per ASTM National Standards, Manufacturer's I amusement ride was inspected in accordance v inspection. SIGNATURE OF INSPECTOR | nded to | be"all inclusive" ions Guidelines | . It is the responsibility and all Missouri laws | ty of th | e insp | ector to perform the annu | ial safety inspection |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | سا | W | | | | 4-11 -2024 | |
| DANNY CABNER OWNER | DOU | JBLE A ENTI | ERPRISES | | | | |



| O | | and the state of t | | (5/3) 751-293 | | |
|--|-------|--|---|---|--|--|
| OWNER INFORMATION OWNER NAME | | | | | | |
| ED NEOPER | | | | DATE OF INSPECTION | | |
| BUSINESS NAME 4-11-2024 | | | | | | |
| ARCHWAY AMUSEMENTS INC 314-378-8698 | | | | | | |
| ADDRESS | | CITY | *************************************** | STATE ZIP | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | | |
| RIDE INFORMATION . | | , OZZI, TIBEL | | ALABAWA 33120 | | |
| RIDENAME | | RIDE DESCRIPTION (EX: ME | TAL ROL | LER COASTER, CAROUSEL, ETC) | | |
| FROG HOPPER | | KIDDIE | | LER GONGTEN, GRINOGOEL, ETG) | | |
| MANUFACTURER | | | ANUFAC | TURE DATE | | |
| S & S TECHNOLOGY | | İ | 010 | | | |
| SERIAL NO. | 1 | APACITY RPM | | OF LAST NDT TEST(S) | | |
| 1052 | 6 | N/A | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | | |
| FUNDAMENTAL | | Explain orders below under REMARKS | 3 | | | |
| S Upholstery / Seat Conditions | N/A | ENTRANCE & EGRESS Steps | -Is- | ELECTRICAL | | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | 15 | Portable Generator Grounded per NFPA Midway Electrical Boxes - Guarding | | |
| S Harness | N/A | Platforms | S | Electrical Wiring Protected | | |
| Tub / Seat Numbering | S | Fencing | S | Electrical Disconnect for Ride | | |
| Tubs / Hazardous Projections / Conditions Fiber Glass Conditions | S | Warning Signs / Rider Restrictions | 2 | Lighting Equipment Wiring & Secured | | |
| S Harness Tub / Seat Numbering Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions Fire Extinguisher - NFPA 101 Ride Clearance of Obstructions Manufacturer's Manual Daily Inspection Log Maintenance Log Operator Training Program | | MECHANICAL | 3 | Emergency Stop Switches | | |
| Ride Clearance of Obstructions | S | Drive | | STRUCTURAL | | |
| Manufacturer's Manual | S | Sheaves | S | Bracing | | |
| Daily Inspection Log Maintenance Log | IN/A | Single Point Suspension | N/A | Sweeps | | |
| S Operator Training Program | N/A | Guarding Moving Parts & Chains & Belts Hydraulic System | IS IS | Blocking | | |
| | S | Lubrication | S | Gears S | | |
| S Observed | | Anti-Rollback Devices | 5 | Correct Grade of Bolts Fasteners, Safety Clips, R-Keys, Pins, Etc. | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | | |
| OTHER | NI/A | Air Tank - requires Missouri Inspection | | | | |
| N/A Reviewed NDT Test Reports | 14/71 | Certificate if >5 cu. ft. or 38 gal. | - | | | |
| | | To Angel Carolina de Carolina | +- | | | |
| | | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOR | LOW | MANUFACTURER'S INSPECTION GUIDE | LINES | | | |
| REMARKS: DEGET WE MAY 2 0 2024 BY RWD | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE NOTE: This is a general check list and is not intended to be all inclusive. It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards. Manufacture of Inspection of the Inspector of Inspection of Inspector of Inspection of Inspector o | | | | | | |
| amusement ride was inspected in accordance wi inspection. | シルビしに | JUS CHUGENNES AND AN MUSSOURI JAME THE | ו לחת פו | regulations I state that the shave described | | |
| SIGNATURE OF INSPECTOR |) |) | | DATE | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | سه | J | | 4-11 -2024 | | |
| λ | DOU | BLE A ENTERPRISES | | | | |



| OWNER INFORMATION | | | | | | | |
|---|---------------------|---|--|--|-------|---|---|
| OWNER NAME | | | | | | DATE OF INSPEC | CTION |
| ED NEOPER | ED NEOPER 4-11-2024 | | | | | | |
| BUSINESS NAME | | | | | | PHONE | |
| ARCHWAY AMUSEMENTS INC | | | | | | 314-378-8698 | İ |
| ADDRESS | | CIT | Y | | | STATE | ZIP |
| P.O. BOX 548 | | OI | DENVILLE | | | ALABAMA | 35120 |
| | | | DEITTELL | | | TIET IDT IIVIT | 155120 |
| RIDE INFORMATION . | | | | | | | |
| RIDE NAME | | | | METAL | ROLL | ER COASTER, CAROUSEL, ETC | 5) |
| FUN SLIDE | | | ADULT | | | | |
| MANUFACTURER | | | | | | URE DATE | |
| FREDRICKSON | | CC+ OF TV ST THE HANDS OF THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, | | 1993 | | | |
| SERIAL NO. | | APACITY | RPM | D | ATE C | F LAST NDT TEST(S) | |
| 1F9FS3025PF090005 | 3 | MPH | N/A | | | Pengalan daga kalanta da kanana | |
| Satisfactory - S | | UnSatief | actory - XX | | | Does Not App | oly NA |
| Salistaciony - S | | | | 21/0 | | Does Hot Whi | DIY - IVA |
| FUNDAMENTAL | | | below under REMAF | INO | | EL COTOLO : | |
| S Upholstery / Seat Conditions | S | ENTRANCE & E Steps | GKESS | | 5 | ELECTRICAL Portable Generator Grou | unded nor NICDA |
| Safety Restraints - Lap Bar, Seat Belts, | S | Ramps | | | 5 | Midway Electrical Boxe | |
| N/A Harness | S | Platforms | | - | 5 | Electrical Wiring Protect | |
| S Tub / Seat Numbering | S | Fencing | THE AND POST OF THE PARTY OF TH | | 5 | Electrical Disconnect fo | r Ride |
| S Tubs / Hazardous Projections / Conditions | S | | Rider Restrictions | | 5 | Lighting Equipment Wiri | |
| S Fiber Glass Conditions | | | | | S | Emergency Stop Switch | |
| S Fire Extinguisher - NFPA 101 | | MECHANICAL | | | | | |
| S Ride Clearance of Obstructions | S | Drive | | | | STRUCTURAL | |
| S Manufacturer's Manual | S | Sheaves | | All Control of the Co | S | Bracing | |
| S Daily Inspection Log | N/A | Single Point Sus | | | 5 | Sweeps | |
| S Maintenance Log | S | | g Parts & Chains & Be | 0,10 | S | Blocking | |
| S Operator Training Program | S | Hydraulic Syste | m | | S | Gears S | *************************************** |
| Proper Operating Procedures when | S | Lubrication | | | 5 | Correct Grade of Bolts | |
| S Observed N/A Dark Rides - per NFPA 101 | N/A S | Tara Fromodore D | evices | | S | Fasteners, Safety Clips | . R-Keys. Pins. Etc |
| N/A Daik Rides - per INFFA 101 | 3 | Brakes | res Missouri Inspectio | | | Wire Rope Inspection | |
| OTHER | N/A | Certificate if >5 | cu ft or 38 gal | 711 | | | |
| N/A Reviewed NDT Test Reports | - 1/1/2 | Octanicate ii > 0 | Ga. It. of Jo gal. | | | | |
| | | <u> </u> | ************************* | | | | |
| | | | - Marie Consequence | | CONTRACTOR | |
| IN THE ABSENCE OF ASTM STANDARDS FOR | LOW | MANUFACTURE | R'S INSPECTION GU | JIDELII | NES | | |
| | 100 110 110 110 110 | | | | | | |
| REMARKS: | | 7 | | | | | |
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| | | | | Same. | A | MODDANIST | |
| MAY 2 0 2024 | | | | | V | | |
| - ano | | | | | | 10 - 10 | |
| By | | | | | | 5-60-7 | ¥ |
| | | | | | | | |
| AT THE TIME OF THE MANUFACTUR | EINC | G THIS RIDE I | MET ALL ASTM | STA | NDA | ARDS FOR THAT DA | ATE |
| NOTE: This is a general short list and is not inter- | dod t | ho"all inclusion | It is the recessibility | v of the | ina | postar to porform the | ual aafabulaanaati |
| NOTE: This is a general check list and is not inten per ASTM National Standards, Manufacturer's Ir | spect | tions Guidelines a | and all Missouri laws, | rules | and | regulations. I state that t | he above described |
| amusement ride was inspected in accordance w | th rec | uired safety stan | dards / guidelines an | d met | thes | e requirements/guideline | s on the date of this |
| inspection. | | | | | | 12. | |
| SIGNATURE OF INSPECTOR | 5 |) | | | | DATE | |
| 1 /10 (1) | / | 21) | | | | 4-11 -2024 | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | T-11 -2024 | |
| λ | | | | | | | |
| DANNY CABNER OWNER | DOI | JBLE A ENTE | ERPRISES | | | | |



| Owner Information | | | | |
|--|--------------------|--|----------|--|
| OWNER NAME | | | | DATE OF INSPECTION |
| TAMARA AND DARREL JONES BUSINESS NAME | | | | 4-11-2024 |
| | | | | PHONE |
| SONSHINE AMUSEMENTS ADDRESS | | ICITY | | 205-913-33614 STATE ZIP |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 |
| RIDE INFORMATION | , | ODERVILLE | | ALABAWA 33120 |
| RIDE NAME | | RIDE DESCRIPTION (EX: MET | AL ROLL | ER COASTER, CAROUSEL, ETC) |
| GONDOLA WHEEL | | ADULT | AL NOLL | ELICONOTEIN, CANODOLL, ETO) |
| MANUFACTURER | | | NUFACT | TURE DATE |
| LUNA PARK | | 20 | | |
| SERIAL NO. | 10 | APACITY RPM | | DF LAST NDT TEST(S) |
| 0301105/2016 | 3 | 2 7 | | |
| Ostisfastana C | | H-O-E-S-I NV | | D N. (A NA |
| Satisfactory - S | | UnSatisfactory - XX Explain orders below under REMARKS | | Does Not Apply - NA |
| FUNDAMENTAL | Г | ENTRANCE & EGRESS | 1 | ELECTRICAL |
| S Upholstery / Seat Conditions | S | Steps | S | Portable Generator Grounded per NFPA |
| Safety Restraints - Lap Bar, Seat Belts, | S | Ramps | S | Midway Electrical Boxes - Guarding |
| S Harness | S | Platforms | S | Electrical Wiring Protected |
| S Tub / Seat Numbering | S | Fencing | S | Electrical Disconnect for Ride |
| Tubs / Hazardous Projections / Conditions Fiber Glass Conditions | S | Warning Signs / Rider Restrictions | 2 | Lighting Equipment Wiring & Secured |
| S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | - | BETOLIABILOAL | 3 | Emergency Stop Switches |
| S Ride Clearance of Obstructions | S | MECHANICAL Drive | - | STRUCTURAL |
| S Manufacturer's Manual | S | Sheaves | S | Bracing |
| S Daily Inspection Log | N/A | Single Point Suspension | N/A | Sweeps |
| S Maintenance Log | S | Guarding Moving Parts & Chains & Belts | S | Blocking |
| S Operator Training Program | N/A | Hydraulic System | S | Gears S |
| Proper Operating Procedures when | S | Lubrication | S | Correct Grade of Bolts |
| S Observed | N/A | Anti-Rollback Devices | S | Fasteners, Safety Clips, R-Keys, Pins, Etc. |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection |
| OTHER | N/A | Air Tank - requires Missouri Inspection | | |
| N/A Reviewed NDT Test Reports | IN/A | Certificate if >5 cu. ft. or 38 gal. | + | |
| 1771 Neviewed NDT Test Nepolts | - | | + | |
| | | | +- | |
| IN THE ABSENCE OF ASTM STANDARDS FOR | LOW | MANUFACTURER'S INSPECTION GUIDE | LINES | |
| | NAME OF THE PERSON | | | |
| REMARKS: | M F | | | |
| | | | | |
| MAY 2 V 2 | 024 | \V } | | |
| | | | 1 | ADDROVEL |
| (had) | | | V | |
| By And | | | Spinster | Chow In |
| L y | | | | 6-20-4 |
| | | | | |
| | | | | |
| AT THE TIME OF THE MANUFACTUR | EINC | THIS RIDE MET ALL ASTM STA | NDA | ARDS FOR THAT DATE |
| | | | 11 1101 | HOST OR HALL BILL |
| NOTE: This is a general check list and is not inten | ded to | he"all inclusive" It is the responsibility of t | ha iner | pector to perform the annual safety increasing |
| per ASTM National Standards, Manufacturer's In | spect | ions Guidelines and all Missouri laws rule | s and | regulations. I state that the above describe |
| amusement ride was inspected in accordance wi | th rec | uired safety standards / guidelines and me | et these | e requirements/quidelines on the date of this |
| inspection. | 70 | J. Commission of the commissio | | |
| SIGNATURE OF INSPECTOR | | 7 | - | DATE |
| 1 11 (0 /2) |) | | | |
| Warm Cle | ئسر | | | 4-11 -2024 |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | |
| DANNY CABNER OWNER | DOI | JBLE A ENTERPRISES | | |



| OWNER INFORMATION | | | | | | |
|--|----------|--|-----------|--|---|--|
| OWNER NAME | | | | DATE OF INSPEC | TION | |
| TAMARA AND DARREL JONES BUSINESS NAME | | | | 4-11-2024 | | |
| PHONE | | | | | | |
| SONSHINE AMUSEMENTS | | ICITY | ********* | 205-913-33614 STATE | 1 700 | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA | 35120 | |
| RIDEINFORMATION | | 3 | | | 150120 | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | L ROLL | ER COASTER, CAROUSEL, ETC) | | |
| GRANNY BUG | | KIDDIE | | | | |
| MANUFACTURER | | | UFACT | URE DATE | | |
| VENTURE | | 198 | | | | |
| SERIAL NO. | lo | | | OF LAST NDT TEST(S) | | |
| 6K313G | | 6 7 | | (_/ | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not App | ly - NA | |
| CIND AREA ITAI | | Explain orders below under REMARKS | | | - | |
| FUNDAMENTAL S Upholstery / Seat Conditions | N/A | ENTRANCE & EGRESS Steps | - | ELECTRICAL | | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Steps Ramps | S | Portable Generator Groun | ided per NFPA | |
| | N/A | Platforms | S | Midway Electrical Boxes Electrical Wiring Protecte | - Guarding | |
| S Tub / Seat Numbering | Š | Fencing | S | Electrical Disconnect for | | |
| S Harness S Tub / Seat Numbering S Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions | 2 | Warning Signs / Rider Restrictions | S | Lighting Equipment Wirin | g & Secured | |
| S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | | | S | Emergency Stop Switche | es | |
| S Ride Clearance of Obstructions | S | MECHANICAL Drive | - | CTDUCTUDAL | The later and the second second second second | |
| S Manufacturer's Manual S Daily Inspection Log | S | Sheaves | 5 | STRUCTURAL Bracing | | |
| S Daily Inspection Log | N/A | Single Point Suspension | N/A | Sweeps | | |
| S Maintenance Log S Operator Training Program | S | Guarding Moving Parts & Chains & Belts | S | Blocking | | |
| | N/A | Hydraulic System | S | Gears S | | |
| Proper Operating Procedures when S Observed | S N/A | Lubrication Anti-Rollback Devices | S | Correct Grade of Bolts | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Fasteners, Safety Clips. Wire Rope Inspection | R-Keys, Pins, Etc | |
| S | | Air Tank - requires Missouri Inspection | - | Wile Rope Inspection | *************************************** | |
| OTHER | N/A | Certificate if >5 cu. ft. or 38 gal. | | | | |
| N/A Reviewed NDT Test Reports | | | | | | |
| | - | | - | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOR | LOW | MANUFACTURER'S INSPECTION OF URE | INITE | L | | |
| The second secon | ala VIII | MANOPACTORER'S INSPECTION GOIDEL | INES | | | |
| REMARKS: DEGETVED NAY 2 0 2024 By By S-26-24 | | | | | | |
| AT THE TIME OF THE MANUFACTURI NOTE: This is a general check list and is not intended per ASTM National Standards, Manufacturer's In amusement ride was inspected in accordance winspection. | ded to | be"all inclusive". It is the responsibility of th ons Guidelines and all Missouri laws. rules | e insp | RDS FOR THAT DA | TE | |
| SIGNATURE OF INSPECTOR Dany CO |) | J | | DATE 4-11 -2024 | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | |
| DANNY CABNER OWNER | DOU | BLE A ENTERPRISES | | | | |



| | ************* | | | | | | (5/3) /51-293 |
|--|---|---|--|-------------|--------------------------|---|-------------------|
| OWNER INFORMATION | | | | | | | |
| OWNER NAME | 100000000000000000000000000000000000000 | *************************************** | | | | DATE OF INSPE | CTION |
| THERESA NEOPER | | | | | | 4-11-2024 | |
| BUSINESS NAME | | | *************************************** | | PI | IONE | |
| ARCHWAY AMUSEMENTS INC | | | | | 31 | 4-378-8698 | |
| ADDRESS | | CITY | / | | | STATE | ZIP |
| 5396 HWY 61-67 | | IIM | PERIAL | | | MISSOURI | 62061 |
| RIDE INFORMATION | | | LIGITL | | | IMISSOURI | 102001 |
| RIDE INFORMATION RIDE NAME | | | | - | | | |
| | | 1 | RIDE DESCRIPTION (EX: 1 | METAL | ROLLER C | DASTER, CAROUSEL, ET | C) |
| HURRICANE | | | ADULT | | Long Long Street Control | | |
| MANUFACTURER | | | | MANU | FACTURE | DATE | |
| DARTRON/BATECH | | | | 1997 | | | |
| SERIAL NO. | C | CAPACITY | RPM | DA | TE OF LAS | T NDT TEST(S) | |
| 702282-5B | 2 | 24 | 8 | | | | |
| Catiafaataaa C | - | 11.0 ((| | | | | 2 2222 |
| Satisfactory - S | | | actory - XX | | | Does Not Ap | ply - NA |
| L CHAID A RADAST 4 | | | below under REMARI | KS | | , co., r | |
| FUNDAMENTAL S Upholstery / Seat Conditions | 5 | ENTRANCE & EG | RESS | | | ECTRICAL | |
| | 5 | Steps Ramps | The same of the sa | - 3 | FOI | table Generator Grou | |
| S Harness | S | Platforms | The second secon | S | TAUC | way Electrical Boxe ctrical Wiring Protect | |
| | S | Fencing | | - 5 | 1 4-10 | ctrical Disconnect for | |
| Tubs / Hazardous Projections / Conditions | S | Warning Signs / F | Rider Restrictions | 5 | 1 210 | nting Equipment Wiri | |
| S Fiber Glass Conditions | | | | S | Em | ergency Stop Switch | nes |
| Fire Extinguisher - NFPA 101 | | MECHANICAL | | I | | | |
| Ride Clearance of Obstructions | 5 | Drive | | | | RUCTURAL | |
| Manufacturer's Manual Daily Inspection Log | N/A | Sheaves | | - 15 | 1 1010 | cing | |
| S Maintenance Log | S | Carrello I director | Parts & Chains & Bel | | OAA | eeps | |
| | S | Hydraulic System | | ils S | | cking ars S | |
| Proper Operating Procedures when | S | Lubrication | ************************************** | - 5 | 100 | rect Grade of Bolts | |
| S Observed | N/A | Anti-Rollback Dev | vices | S | Fas | steners. Safety Clips | R-Keys Pins Fto |
| N/A Dark Rides - per NFPA 101 | S | Brakes | 8 | S | | e Rope Inspection | |
| OTHER | NT/A | Air Tank - require | s Missouri Inspection | 1 | | | |
| N/A Reviewed NDT Test Reports | IV/A | Certificate if >5 c | cu. ft. or 38 gal. | _ | | | |
| Total Newtonia NET Test Nepolis | | | | -+ | | | |
| | | | | \dashv | \dashv | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | LOW | MANUFACTURES | S'S INSPECTION GUII | DELIN | FS | | |
| | OFFICE ALVE | MILITARY TO TOTAL | CO INCI ECITOR CON | lar halanil | L | | |
| REMARKS: DEGE WE MAY 2 0 2024 | | | | | V | APPROL RASIS | ED James Company |
| Pan | | | | | | 100000 | 21 |
| By_Perco | | | | | | 2 - 600 | |
| Produces and refer to effected (Section), the contract of grace of contract and produces and pro | and the Control of | | | | | | * |
| AT THE TIME OF THE MANUFACTURE | EING | THIS RIDE M | ET ALL ASTM S | TAN | DARD | S FOR THAT DA | ATE |
| NOTE: This is a general check list and is not intend per ASTM National Standards, Manufacturer's Ins amusement ride was inspected in accordance wit inspection. | specti | ions Guidelines an | d all Missouri laws ri | ules a | nd regul | ations I state that t | he shove describe |
| SIGNATURE OF INSPECTOR | | 7 | THE RESERVE OF THE PARTY OF THE | | | DATE | |
| Dann Ca | ا | 1 | P | | | 4-11 -2024 | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | |
| DANNY CABNER OWNER | DOL | JBLE A ENTER | RPRISES | | | | |



| O | | | | | (0/0)/101-200 |
|--|----------------|--|--|--|-----------------------|
| OWNER INFORMATION OWNER NAME | | | | DATE OF INSPEC | STON |
| TAMARA AND DARREL JONES | | | | 4-11-2024 | TION |
| BUSINESS NAME | | | | PHONE PHONE | |
| SONSHINE AMUSEMENTS | | | | 205-913-33614 | |
| ADDRESS | | CITY | ********** | STATE | ZIP |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA | 35120 |
| RIDEINFORMATION | , | ODELVILLE | | THE REPUBLIE | 133120 |
| RIDE NAME | | RIDE DESCRIPTION (EY: ME | TAL POLL | ER COASTER, CAROUSEL, ETC | Λ. |
| MARDI GRAS GLASS HOUSE | | 1 . | IAL NOLL | ER COASTER, CAROUSEL, ETC | J |
| MANUFACTURER MANUFACTURER | | ADULT | ANUEACT | URE DATE | |
| OWENS | | | 000 | ONE DATE | |
| SERIAL NO. | 10 | APACITY RPM | | OF LAST NOT TEST(S) | |
| C902S48XY1139364 | | ENTURE N/A | | . 2.0. (15) (20) | |
| | | | | The same of the sa | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not App | oly - NA |
| | | Explain orders below under REMARKS | S | | 70 |
| FUNDAMENTAL Upholstery / Seat Conditions | S | ENTRANCE & EGRESS | - | ELECTRICAL | |
| Safety Restraints - Lap Bar, Seat Belts, | S | Steps Ramps | S | Portable Generator Grou | nded per NFPA |
| Harness | S | Platforms | S | Midway Electrical Boxes Electrical Wiring Protecte | |
| Tub / Seat Numbering | Š | Fencing | S | Electrical Disconnect for | |
| Tubs / Hazardous Projections / Conditions | 2 | Warning Signs / Rider Restrictions | 5 | Lighting Equipment Wirin | |
| Fiber Glass Conditions Fire Extinguisher - NFPA 101 | | MECHANICAL | 3 | Emergency Stop Switch | es |
| Ride Clearance of Obstructions | S | Drive | | STRUCTURAL | |
| Manufacturer's Manual | S | Sheaves | S | Bracing | |
| Daily Inspection Log | N/A | Single Point Suspension | N/A | Sweeps | |
| Maintenance Log | S | Guarding Moving Parts & Chains & Belts | | Blocking | |
| Operator Training Program Proper Operating Procedures when | S | Hydraulic System Lubrication | S | Gears S | |
| Observed | | Anti-Rollback Devices | - 5 | Correct Grade of Bolts Fasteners, Safety Clips. | D Kove Dine Et |
| I/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | 11-Neys, Fills, El |
| ATIES | NI/A | Air Tank - requires Missouri Inspection | | | |
| OTHER VA Reviewed NDT Test Reports | IN/A | Certificate if >5 cu. ft. or 38 gal. | | | - |
| TOTO TO | - | | | | |
| | | | _ | | |
| IN THE ABSENCE OF ASTM STANDARDS FO | LLOW | MANUFACTURER'S INSPECTION GUID | ELINES | | |
| REMARKS: DEGET W MAY 2 0 202 | 4 | | A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T | 1000 100 100 100 100 100 100 100 100 10 | |
| By | EINC ded to | be"all inclusive". It is the responsibility of took of the constructions of the construction of the constr | the insp | RDS FOR THAT DA | TE al safety inspecti |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | <u> </u> | | | 4-11 -2024 | |
| ANNY CABNER OWNER | DOU | JBLE A ENTERPRISES | | | |



| Owner Information | | | | | |
|---|-----------------|--|-------------------|---|--|
| OWNER NAME | | | | DATE OF INSPECTION | |
| TAMARA AND DARREL JONES | | | | 4-11-2024 | |
| BUSINESS NAME | | | | PHONE | |
| SONSHINE AMUSEMENTS | | | | 205-913-33614 | |
| ADDRESS | | CITY | | STATE ZIP | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | |
| | | ODENVIELE | | ALABAMA 33120 | |
| RIDE INFORMATION . | | 33.2 | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | L ROLL | ER COASTER, CAROUSEL, ETC) | |
| MERRY GO ROUND | | KIDDIE | | | |
| MANUFACTURER | | MAN | UFACT | URE DATE | |
| SAN ANTONIO ROLLER WORKS | | 197 | 3 | | |
| SERIAL NO. | Tc | | | OF LAST NDT TEST(S) | |
| 1 T T T T T T T T T T T T T T T T T T T | 2 | | | a man landara. | |
| MG27308 | 12 | 4 / | ****** | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | |
| Oddisidotoly - O | | Explain orders below under REMARKS | | Doco Not Apply - NA | |
| FUNDAMENTAL | | | т— | FIFOTOICAL | |
| S Upholstery / Seat Conditions | N/A | ENTRANCE & EGRESS Steps | S | ELECTRICAL Portable Generator Grounded per NFPA | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | S | Midway Electrical Boxes - Guarding | |
| S Harness | N/A | Platforms | S | Electrical Wiring Protected | |
| S Tub / Seat Numbering | S | Fencing | S | Electrical Disconnect for Ride | |
| S Tubs / Hazardous Projections / Conditions | S | Warning Signs / Rider Restrictions | S | Lighting Equipment Wiring & Secured | |
| S Fiber Glass Conditions | | | S | Emergency Stop Switches | |
| S Fire Extinguisher - NFPA 101 | | MECHANICAL | | | |
| S Ride Clearance of Obstructions | S | Drive | | STRUCTURAL | |
| S Manufacturer's Manual | S | Sheaves | S | Bracing | |
| S Daily Inspection Log | IN/A | Single Point Suspension | N/A | Sweeps | |
| S Maintenance Log | S | Guarding Moving Parts & Chains & Belts | S | Blocking | |
| S Operator Training Program | N/A | Hydraulic System | S | Gears S | |
| Proper Operating Procedures when | S | Lubrication | S | Correct Grade of Bolts | |
| S Observed N/A Dark Rides - per NFPA 101 | S | Anti-Rollback Devices | S | Fasteners, Safety Clips, R-Keys, Pins, Etc. | |
| N/A Dark Rides - per NFPA 101 | 13 | Brakes Air Tank - requires Missouri Inspection | 10 | Wire Rope Inspection | |
| OTHER | N/A | Certificate if >5 cu. ft. or 38 gal. | - | | |
| N/A Reviewed NDT Test Reports | 1 | Octundate if 20 cd. it. of 30 gar. | +- | | |
| | - | | + | | |
| | | | 1 | | |
| IN THE ABSENCE OF ASTM STANDARDS FO | IOW | MANUFACTURER'S INSPECTION GUIDE | INES | | |
| IN THE ABOLITOL OF ACTION OF TAXABOT OF | nhahe a s | THE POST OF THE PO | nt. I trebe. | | |
| REMARKS: DEGE MAY 2 | 202 | 4 | Service Commenced | APPROVED. | |
| By 1000 5-20-24 | | | | | |
| AT THE TIME OF THE MANUFACTUR NOTE: This is a general check list and is not inten per ASTM National Standards, Manufacturer's Ir | ded to | be"all inclusive". It is the responsibility of the | ne insi | pector to perform the annual safety inspection | |
| amusement ride was inspected in accordance w inspection. SIGNATURE OF INSPECTOR | | | | | |
| Dann Ca |) | n) | | 4-11 -2024 | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | water Milesofer | | e-solition of | | |
| DANNY CABNER OWNER | DOI | JBLE A ENTERPRISES | | | |



| Owner Information | | | | | |
|--|----------|--|--------|--|--|
| OWNER NAME | | | | DATE OF INSPECTION | |
| TAMARA AND DARREL JONES | | | | 4-11-2024 | |
| BUSINESS NAME | | | | PHONE 205-913-33614 | |
| SONSHINE AMUSEMENTS | | CITY | | STATE ZIP | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | |
| RIDE INFORMATION | | , (CDDIT, TEDE | | 1.13.13.11.11 | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | L ROLL | ER COASTER, CAROUSEL, ETC) | |
| MICKY MOUSE BOUNCE | | ADULT | | | |
| MANUFACTURER | | MAN | UFACT | UREDATE | |
| NINJA JUMP | | 201 | | | |
| SERIAL NO. | 1 | | DATE C | F LAST NDT TEST(S) | |
| 50445 | 17 | ARIES NINJA JUMP | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | |
| FUNDAMENTAL | Т | Explain orders below under REMARKS ENTRANCE & EGRESS | 1 | ELECTRICAL | |
| N/A Upholstery / Seat Conditions | N/A | Steps | S | Portable Generator Grounded per NFPA | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | S | Midway Electrical Boxes - Guarding | |
| N/A Harness | | Platforms | S | Electrical Wiring Protected | |
| N/A Tub / Seat Numbering Tubs / Hazardous Projections / Conditions | S | Fencing Warning Signs / Rider Restrictions | 3 | Electrical Disconnect for Ride Lighting Equipment Wiring & Secured | |
| N/A Fiber Glass Conditions | - | Walthing Sighs / Rider Restrictions | S | Emergency Stop Switches | |
| S Fire Extinguisher - NFPA 101 | | MECHANICAL | | Emorgonay drop amioned | |
| S Ride Clearance of Obstructions | S | Drive | | STRUCTURAL | |
| S Manufacturer's Manual | S N/A | Sheaves | S | Bracing | |
| S Daily Inspection Log S Maintenance Log | S | Single Point Suspension Guarding Moving Parts & Chains & Belts | N/A | Sweeps Blocking | |
| S Operator Training Program | | Hydraulic System | S | Gears S | |
| Proper Operating Procedures when | S | Lubrication | S | Correct Grade of Bolts | |
| S Observed | | Anti-Rollback Devices | S | Fasteners, Safety Clips, R-Keys, Pins, Etc | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | |
| OTHER | N/A | Air Tank - requires Missouri Inspection Certificate if >5 cu. ft. or 38 gal. | - | | |
| N/A Reviewed NDT Test Reports | | Continuate in a country of conguin | 1 | | |
| | | | | | |
| | | | | <u> </u> | |
| IN THE ABSENCE OF ASTM STANDARDS FO | LLOW | MANUFACTURER'S INSPECTION GUIDE | INES | | |
| REMARKS: DEGETVED MAY 2 0 2024 By My 5. 20-24 | | | | | |
| AT THE TIME OF THE MANUFACTUR NOTE: This is a general check list and is not inter per ASTM National Standards, Manufacturer's li amusement ride was inspected in accordance w inspection. SIGNATURE OF INSPECTOR | nded to | be"all inclusive". It is the responsibility of to | ne ins | pector to perform the annual safety inspection regulations. I state that the above described | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY DANNY C ABNER OWNER | DO | UBLE A ENTERPRISES | | | |



| OWNER INFORMATION | - | | | | | | | |
|--|--------------------|---|---------|--|----------|--|--|--|
| OWNER NAME | DATE OF INSPECTION | | | | | | | |
| TAMARA AND DARREL JONES | 4-11-2024 | | | | | | | |
| BUSINESS NAME | PHONE | | | | | | | |
| SONSHINE AMUSEMENTS | 205-913-33614 | | | | | | | |
| | | CITY | | STATE ZIP | | | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | | | | |
| RIDE INFORMATION . | | 3. | | | | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: MET. | AL ROLL | ER COASTER, CAROUSEL, ETC) | | | | |
| MOBYS DICK | | ADULT | | | | | | |
| MANUFACTURER MANUFACTURE DATE | | | | | | | | |
| WISDOM | | 200 |)5 | | | | | |
| SERIAL NO. | 0 | APACITY RPM | DATE C | OF LAST NOT TEST(S) | | | | |
| 95405 | 2 | 4 7 | | | | | | |
| C-ti-ft C | | II.O.C.C.I. XXX | | D 11.14 1 11.4 | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | | | | |
| FUNDAMENTAL | г | Explain orders below under REMARKS | | | | | | |
| S Upholstery / Seat Conditions | S | ENTRANCE & EGRESS Steps | Is | ELECTRICAL Consider A N | FDA | | | |
| Safety Restraints - Lap Bar, Seat Belts, | S | Ramps | Š | Portable Generator Grounded per Ni Midway Electrical Boxes - Guarding | | | | |
| S Harness | S | Platforms | S | Electrical Wiring Protected | d | | | |
| S Tub / Seat Numbering | S | Fencing | S | Electrical Disconnect for Ride | | | | |
| S Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions | 2 | Warning Signs / Rider Restrictions | 2 | Lighting Equipment Wiring & Secure | edbe | | | |
| S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | | MECHANICAL | 3 | Emergency Stop Switches | | | | |
| S Ride Clearance of Obstructions | S | Drive | + | STRUCTURAL | | | | |
| S Manufacturer's Manual | S | Sheaves | S | Bracing | | | | |
| S Daily Inspection Log | N/A | Chigio i Chil Odopension | N/A | Sweeps | | | | |
| S Maintenance Log S Operator Training Program | S N/A | Guarding Moving Parts & Chains & Belts | S | Blocking | | | | |
| Proper Operating Procedures when | S | Hydraulic System Lubrication | 13 | Gears S | | | | |
| S Observed | N/A | | S | Correct Grade of Bolts Fasteners, Safety Clips, R-Keys, Pi | ine Etc | | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | ris. Lic | | | |
| OTHER | NI/A | Air Tank - requires Missouri Inspection | | | | | | |
| N/A Reviewed NDT Test Reports | IN/A | Certificate if >5 cu. ft. or 38 gal. | + | | | | | |
| TOTAL TROVINGUITE TOTAL POLICE | | | +- | | | | | |
| | | | | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES | | | | | | | | |
| PENADIO | | | | | | | | |
| REMARKS: DECEMBER | | | | | | | |
| MAY 2 0 2024 | | L | | Kelkersen | | | | |
| | | | | 01 14 | | | | |
| By (MD) | | | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE | | | | | | | | |
| NOTE: This is a general check list and is not inten- per ASTM National Standards, Manufacturer's In amusement ride was inspected in accordance wi inspection. | spect | ions Guidelines and all Missouri laws, rule | s and | regulations. I state that the above de | escribed | | | |
| SIGNATURE OF INSPECTOR |) | ,) | | DATE 4-11 -2024 | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | | |
| X | DO | DIE A ENTERDRESSE | | | | | | |
| DANNY CABNER OWNER | DOL | JBLE A ENTERPRISES | | | | | | |



| | | | - | | | | | |
|--|---------|---|-------------|---|--|--|--|--|
| OWNER INFORMATION | | | | | | | | |
| OWNER NAME | | | | DATE OF INSPECTION | | | | |
| TAMARA AND DARREL JONES | | 4-11-2024 | | | | | | |
| BUSINESS NAME PHONE | | | | | | | | |
| SONSHINE AMUSEMENTS | | | | 205-913-33614 | | | | |
| ADDRESS | | CITY | | STATE ZIP | | | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA 35120 | | | | |
| RIDEINFORMATION | | * | | | | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | L ROL | LER COASTER, CAROUSEL, ETC) | | | | |
| ROUND UP | | ADULT | | | | | | |
| MANUFACTURER | | | UFAC | TURE DATE | | | | |
| HRUBETZ 1975 | | | | | | | | |
| SERIAL NO. | C | APACITY RPM | DATE (| OF LAST NOT TEST(S) | | | | |
| 285 | 3 | 2 18 | | | | | | |
| Catiafaatana C | | Lla Oatia faataaa XX | *********** | D 15 1 A 1 114 | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Apply - NA | | | | |
| EUNDAMENTAL | | Explain orders below under REMARKS | | | | | | |
| FUNDAMENTAL S Upholstery / Seat Conditions | N/A | ENTRANCE & EGRESS | S | ELECTRICAL NEDA | | | | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Steps Ramps | S | Portable Generator Grounded per NFPA Midway Electrical Boxes - Guarding | | | | |
| S Harness | | Platforms | S | Electrical Wiring Protected | | | | |
| S Tub / Seat Numbering | S | Fencing | S | Electrical Disconnect for Ride | | | | |
| Tubs / Hazardous Projections / Conditions | S | Warning Signs / Rider Restrictions | S | Lighting Equipment Wiring & Secured | | | | |
| S Fiber Glass Conditions | | | S | Emergency Stop Switches | | | | |
| S Fire Extinguisher - NFPA 101 | - | MECHANICAL | | | | | | |
| S Ride Clearance of Obstructions S Manufacturer's Manual | S | Drive | S | STRUCTURAL | | | | |
| S Daily Inspection Log | | Sheaves Single Point Suspension | N/A | Bracing Sweeps | | | | |
| S Maintenance Log | S | Guarding Moving Parts & Chains & Belts | S | Blocking | | | | |
| S Operator Training Program | | Hydraulic System | S | Gears S | | | | |
| Proper Operating Procedures when | S | Lubrication | S | Correct Grade of Bolts | | | | |
| S Observed | N/A | Anti-Rollback Devices | S | Fasteners, Safety Clips, R-Keys, Pins, Etc. | | | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | | | | |
| OTHER | NI/A | Air Tank - requires Missouri Inspection | _ | | | | | |
| N/A Reviewed NDT Test Reports | IVIA | Certificate if >5 cu. ft. or 38 gal. | - | | | | | |
| The state of the s | | | + | | | | | |
| | | | | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES | | | | | | | | |
| The state of the s | | | | | | | | |
| REMARKS: | ì | | | | | | | |
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| EA 2 V 2024 | | | | | | | | |
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| Ou and | | | A. | | | | | |
| By | - | 1 | | IN JUNE WELL | | | | |
| The state of the s | | *11*** | | Lefford Line | | | | |
| 5.20 ~ 4 | | | | | | | | |
| AT THE TIME OF THE MANUFACTUR | EINIC | THIS DIDE MET ALL ASTMETA | ND. | ADDS FOR THAT DATE | | | | |
| AT THE TIME OF THE MANOFACTOR | LIIVC | THIS RIDE WET ALL ASTWESTA | ואטו | ARDS FOR ITIAI DATE | | | | |
| NOTE: This is a general check list and is not inten | dod to | ho"all inclusive" It is the responsibility of the | - i | and a large market market and the same of | | | | |
| NOTE: This is a general check list and is not inten per ASTM National Standards, Manufacturer's In | nspect | ions Guidelines and all Missouri laws rules | e insi | pector to penorm the annual safety inspection | | | | |
| amusement ride was inspected in accordance w | ith rea | uired safety standards / quidelines and me | t thes | e requirements/quidelines on the date of this | | | | |
| inspection. | | and a said y diameter, galacimics and me | | o requirements galactimes on the date of this | | | | |
| SIGNATURE OF INSPECTOR | | 7 | | DATE | | | | |
| 1) (0) | |) | | | | | | |
| 4-11-2024 | | | | | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | | |
| DANNY CABNER OWNER | DOI | JBLE A ENTERPRISES | | | | | | |
| management of the target of | | | | | | | | |



| Over the Temperature | | ······································ | | | | | (5/5)//51-2550 | | |
|--|--------|--|--|--|----------------------|------------------------------------|---|--|--|
| OWNER INFORMATION OWNER NAME | | ×4115 | | | | | | | |
| TAMARA AND DARREL JONES | | | | | | DATE OF INSPE | CTION | | |
| BUSINESS NAME | | | | | | 4-11-2024 | | | |
| SONSHINE AMUSEMENTS | | | | | | PHONE | | | |
| ADDRESS | | Ici | TY | | | 205-913-33614 STATE | ZIP | | |
| P.O. BOX 548 | | | | | | 1 | | | |
| RIDE INFORMATION | | [0. | DENVILLE | | | ALABAMA | 35120 | | |
| RIDE INFORMATION . | | S | | | | | | | |
| | | | RIDE DESCRIPTION (EX | C META | AL ROLL | ER COASTER, CAROUSEL, ETC | C) | | |
| SIZZLER | | | ADULT | | | | | | |
| MANUFACTURER | | | | MAN | UFACT | URE DATE | | | |
| WISDOM | | | | 197 | The second | | | | |
| SERIAL NO. | - 1 | CAPACITY | RPM | | DATE C | OF LAST NDT TEST(S) | | | |
| 1326852 | | 36 | 9 | | | | | | |
| Satisfactory - S | | UnSatiet | factory - XX | | | Doos Not An | L. NIA | | |
| Odtiolaciory - O | | | | חורם | | Does Not App | DIY - NA | | |
| FUNDAMENTAL | | ENTRANCE & E | s below under REMA | KKS | 1 | FI FORDIO: | | | |
| S Upholstery / Seat Conditions | N/A | Stens | GIVEOO | | S | ELECTRICAL Portable Generator Grou | inded now NICOA | | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | | *************************************** | S | Midway Electrical Boxes | R-Guardina | | |
| S Harness | N/A | Platforms | | | S | Electrical Wiring Protect | ed ed | | |
| S Harness S Tub / Seat Numbering Tubs / Hazardous Projections / Conditions Fiber Glass Conditions Fire Extinguisher - NFPA 101 Ride Clearance of Obstructions Manufacturer's Manual Daily Inspection Log Maintenance Log Operator Training Program | 5 | Fencing | | *************************************** | S | Electrical Disconnect for | | | |
| S Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions | 2 | Warning Signs / | Rider Restrictions | | S | Lighting Equipment Wiris | ng & Secured | | |
| S Fire Extinguisher - NFPA 101 | | | | | S | Emergency Stop Switch | es | | |
| S Ride Clearance of Obstructions | S | MECHANICAL Drive | | | - | ATDUATURA | | | |
| S Manufacturer's Manual | S | Sheaves | | | S | STRUCTURAL | | | |
| S Daily Inspection Log | N/A | Single Point Suspension N/A | | | | Bracing Sweeps | | | |
| S Maintenance Log | S | Guarding Moving | o Parts & Chains & P | Blocking | | | | | |
| S Operator Training Program | N/A | Hydraulic Syste | m | | S | Gears S | | | |
| Dropor () poroting Dropodures when | S | Lubrication | | Correct Grade of Bolts | | | | | |
| S Observed N/A Dark Rides - per NFPA 101 | S S | Anti-Rollback Devices S | | | 1 | Fasteners, Safety Clips, | R-Keys, Pins, Etc | | |
| S Baik Nides - per NFPA 101 | 3 | Brakes | na Minanui I | | S | Wire Rope Inspection | | | |
| | N/A | Certificate if >5 | es Missouri Inspectio | on | - | | | | |
| N/A Reviewed NDT Test Reports | | J GOTTINGGEO II - O | ou. it. or oo gai. | - | | | | | |
| | | | | | | | *************************************** | | |
| | | | | | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOLLOW MANUFACTURER'S INSPECTION GUIDELINES | | | | | | | | | |
| REMARKS: | | | | | | | | | |
| REMARNS. | | | | | | | | | |
| DEGETVEN | | | | | | | | | |
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| n | | | | Parenter of the Parenter of th | A | MDDDDMMSM | | | |
| MAY 2 0 2024 | | | | 0 | | MA FIND VIEW | | | |
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| Cush | | | | 10001 | | | 1 | | |
| By | | | | | | 5-20 | , | | |
| Earth Control of the | | | | | | | | | |
| AT THE TIME OF THE MANUFACTURE | EING | THIS RIDE M | ÆT ALL ASTM | STA | NDA | RDS FOR THAT DA | TF | | |
| | | | | 0 111 | . 1211 | ibbi oit iiii i bii | | | |
| NOTE: This is a general check list and is not intend | led to | be"all inclusive". | It is the responsibility | v of the | e insn | ector to perform the appu- | al safatuinanaation | | |
| NOTE: This is a general check list and is not intended to be all inclusive. It is the responsibility of the inspector to perform the annual safety inspection per ASTM National Standards, Manufacturer's Inspections Guidelines and all Missouri laws, rules and regulations. I state that the above described | | | | | | | | | |
| amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this. | | | | | | | | | |
| inspection. | | | | | | | | | |
| SIGNATURE OF INSPECTOR | | 7 | A CONTRACTOR OF THE PARTY OF TH | | | DATE | | | |
| III_{α} $(Q \cap Q)$ | | .) | | | | | | | |
| PRINTED MANUTAND THE OF MODIFICATION IN CONTRACTOR OF DESCRIPTION OF THE OFFICE OF THE | | | | | | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | oval-past TV TV TV | | |
| DANNY CABNER OWNER 1 | DOU | BLE A ENTE | RPRISES | | | | | | |



| | | | | | (0.0) 101 2000 | | | |
|--|---------------|--|------------|---|---------------------|--|--|--|
| OWNER INFORMATION | | | | | | | | |
| OWNER NAME | | | | DATE OF INSPEC | CTION | | | |
| ED NEOPER | 4-11-2024 | 4-11-2024 | | | | | | |
| BUSINESS NAME PHONE | | | | | | | | |
| ARCHWAY AMUSEMENTS INC | | | | 314-378-8698 | | | | |
| ADDRESS | STATE | ZIP | | | | | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA | 35120 | | | |
| RIDE INFORMATION . | | 1 | | | 100120 | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: META | AL ROL | LER COASTER, CAROUSEL, ETC | 2) | | | |
| SPEEDWAY | | KIDDIE | | | 7 | | | |
| MANUFACTURER | | | VUFAC | TURE DATE | | | | |
| ZAMPERLA | | 199 | | TOTAL DITTLE | | | | |
| SERIAL NO. | 10 | APACITY RPM | | OF LAST NDT TEST(S) | | | | |
| 0171 | | 0 7 | | | | | | |
| | | | | | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not App | oly - NA | | | |
| | | Explain orders below under REMARKS | | | | | | |
| FUNDAMENTAL S Upholstery / Seat Conditions | | ENTRANCE & EGRESS | - | ELECTRICAL | | | | |
| Children's Court Conditions | <u>S</u> | Steps | S | Portable Generator Grou | | | | |
| | S | Ramps Platforms | S | Midway Electrical Boxes | | | | |
| S Harness S Tub / Seat Numbering S Tubs / Hazardous Projections / Conditions S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | $\frac{5}{5}$ | Fencing | 5 | Electrical Wiring Protector Electrical Disconnect for | | | | |
| Tubs / Hazardous Projections / Conditions | S | Warning Signs / Rider Restrictions | S | Lighting Equipment Wirir | | | | |
| S Fiber Glass Conditions | | | S | Emergency Stop Switch | | | | |
| S Fire Extinguisher - NFPA 101 | | MECHANICAL | | | | | | |
| S Ride Clearance of Obstructions S Manufacturer's Manual S Daily Inspection Log S Maintenance Log | S | Drive | 1 | STRUCTURAL | | | | |
| S Manufacturer's Manual S Daily Inspection Log | S N/A | Sheaves | S | Bracing | | | | |
| S Maintenance Log | S | Single Point Suspension | N/A S | Sweeps | | | | |
| | N/A | Guarding Moving Parts & Chains & Belts Hydraulic System | S | Blocking | | | | |
| Proper Operating Procedures when | S | Lubrication | S | Gears S Correct Grade of Bolts | | | | |
| S Observed | N/A | Anti-Rollback Devices | S | Fasteners, Safety Clips. | R-Keye Dine Etc | | | |
| N/A Dark Rides - per NFPA 101 | S | Brakes | S | Wire Rope Inspection | N-NCYS, FIIIS, L.IC | | | |
| OTHER | NT/A | Air Tank - requires Missouri Inspection | | | | | | |
| OTHER N/A Reviewed NDT Test Reports | IN/A | Certificate if >5 cu. ft. or 38 gal. | _ | | | | | |
| TOTAL INEVIEWED NOT TEST REPORTS | | | - | | | | | |
| | | | + | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | LOW | MANUFACTURER'S INSPECTION GLUDEL | INFS | | | | | |
| | | | of Calmina | | | | | |
| REMARKS: DEGETWED MAY 2 V 2024 By RO | | | | | | | | |
| Designation of the second seco | _ | The state of the s | | March 11 | | | | |
| By 100 (flow) or 5-20-4 | | | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE | | | | | | | | |
| NOTE: This is a general check list and is not intended per ASTM National Standards, Manufacturer's Instancement ride was inspected in accordance with inspection. | specti | ons Guidelines and all Missouri laws rules | and | regulations. I state that the | ahove described | | | |
| SIGNATURE OF INSPECTOR | | 7 | | DATE | | | | |
| Dann Ca | Dann C Que | | | | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | | |
| DANNY CABNER OWNER | DOL | BLE A ENTERPRISES | | | | | | |



| | | | | | | | (3/3) /3/-2330 |
|--|---------------------|----------------------|--|---------|--|---|---------------------|
| OWNER INFORMATION | | | | | | | |
| OWNER NAME | | | - | | | DATE OF INSPE | ECTION |
| TAMARA AND DARREL JONES 4-11-2024 | | | | | | | |
| BUSINESS NAME PHONE | | | | | | | |
| SONSHINE AMUSEMENTS 205-913-33614 | | | | | | | |
| ADDRESS | | CITY | | - | | STATE | ZIP |
| P.O. BOX 548 | | ODENVII | LLE | | | ALABAMA | 35120 |
| RIDE INFORMATION . | , | | THE RESIDENCE OF THE PARTY OF T | | | | |
| RIDE NAME | | RIDE DES | CRIPTION (EX: 1 | METAL F | ROLLER CO | ASTER, CAROUSEL, ET | C) |
| TRAFFIC JAM | | KIDDI | | | | | 0, |
| MANUFACTURE DATE MANUFACTURE DATE | | | | | | | |
| SBF/ MFG | | | | 2007 | , , , , , , , , , | | |
| SERIAL NO. | CAPACITY | | RPM . | | TE OF LAST | NDT TEST(S) | |
| 1F19FA171162001 | 24 | | 8 | | | 1201(0) | |
| | | | | | Sent of the sent o | | |
| Satisfactory - S | Uı | nSatisfactory | - XX | | | Does Not Ap | AN - vla |
| | | ain orders below u | nder REMARI | KS | | 2. 12 S.C. (28 S.C.) | |
| FUNDAMENTAL Lipholeton / Sout Conditions | | NCE & EGRESS | | | | CTRICAL | |
| S Upholstery / Seat Conditions Safety Restraints - Lap Bar, Seat Belts, | S Steps | | | S | 1 OIL | able Generator Grou | unded per NFPA |
| S Harness | S Ramps S Platforr | | | S | Mid | way Electrical Boxe | s - Guarding |
| S Tub / Seat Numbering | S Fencin | | | S | | trical Wiring Protectrical Disconnect for | |
| Tubs / Hazardous Projections / Conditions | | g Signs / Rider Re | strictions | S | Ligh | ting Equipment Wiri | ing & Secured |
| S Fiber Glass Conditions S Fire Extinguisher - NEPA 101 | | | | S | Eme | ergency Stop Switch | nes |
| S Fire Extinguisher - NFPA 101 S Ride Clearance of Obstructions | | ANICAL | | | | | |
| S Manufacturer's Manual | S Drive S Sheave | 06 | | S | | UCTURAL | |
| S Daily Inspection Log | Oncar | Point Suspension | | N/ | Brac A Swe | | |
| S Maintenance Log | S Guardi | ng Moving Parts & | Chains & Bell | | Bloc | | |
| S Operator Training Program | N/A Hydrau | ılic System | | S | Gea | rs S | |
| Proper Operating Procedures when S Observed | S Lubrication S C | | | | | ect Grade of Bolts | |
| N/A Dark Rides - per NFPA 101 | S Brakes | ollback Devices | | S | Fast | eners, Safety Clips | . R-Keys, Pins, Etc |
| S | | ik - requires Misso | uri Inspection | 13 | VVire | Rope Inspection | |
| OTHER | N/A Certific | ate if >5 cu. ft. or | 38 gal. | - | | | |
| N/A Reviewed NDT Test Reports | | | | | | | |
| | | | | | | | |
| IN THE APSENCE OF ASTM STANDARDS FOR | I OVA/ BAANUE | A OTI IDEDIO MICO | Famoulaum | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | LOW MANUF | ACTURER'S INSP | ECTION GUIL | DELINE | ES | | |
| REMARKS: | | | | | | | |
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| MAY 2 0 2024 | | | The same of the sa | | | MED | |
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| DAND | | | 1 | 1 | ml | | |
| By lows | | | | | | | |
| 5-20-61 | | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE | | | | | | | |
| | | | | | | | |
| NOTE: This is a general check list and is not intended to be all inclusive. It is the responsibility of the inspector to perform the annual safety inspection | | | | | | | |
| per no five regulations. I state that the character of th | | | | | | | |
| amusement ride was inspected in accordance with required safety standards / guidelines and met these requirements/guidelines on the date of this inspection. | | | | | | | |
| SIGNATURE OF INSPECTOR | | | Managadana, _{Au} ptonomiaa ahaa | | | IDATE | |
| 10 10 10 |) | | | | | DATE | |
| 1-11-2024 | | | | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY | | | | | | | |
| DANNY CABNER OWNER | DOUBLE 4 | ENTERPRISE | 2 | | | | |



| | | | | | (3/3)/37-2330 | | | |
|---|---------------|---|------------------|---|---------------------|--|--|--|
| OWNER INFORMATION | | | | | | | | |
| OWNER NAME | | | | DATE OF INSPECT | ION | | | |
| TAMARA AND DARREL JONES | 4-11-2024 | | | | | | | |
| BUSINESS NAME PHONE | | | | | | | | |
| SONSHINE AMUSEMENTS | 205-913-33614 | | | | | | | |
| ADDRESS | | CITY | | STATE | ZIP | | | |
| P.O. BOX 548 | | ODENVILLE | | ALABAMA | 35120 | | | |
| RIDE INFORMATION . | | * | | | | | | |
| RIDE NAME | | RIDE DESCRIPTION (EX: MET. | AL ROLL | ER COASTER, CAROUSEL, ETC) | | | | |
| ZUMUR | | ADULT | | | | | | |
| MANUFACTURE DATE MANUFACTURE DATE | | | | | | | | |
| CHANCE | | 197 | 75 | | | | | |
| SERIAL NO. | C | APACITY RPM | DATE | OF LAST NDT TEST(S) | | | | |
| 75-3402 | 2 | 4 9 | | | | | | |
| 0-6-6-6-0 | | II-O-C-C- L | | D 11.14 | | | | |
| Satisfactory - S | | UnSatisfactory - XX | | Does Not Appl | y - NA | | | |
| FUNDAMENTAL | | Explain orders below under REMARKS | | | | | | |
| | N/A | ENTRANCE & EGRESS Steps | S | ELECTRICAL | | | | |
| Safety Restraints - Lap Bar, Seat Belts, | N/A | Ramps | S | Portable Generator Ground Midway Electrical Boxes | | | | |
| S Harness | N/A | Platforms | S | Electrical Wiring Protected | | | | |
| | S | Fencing | S | Electrical Disconnect for F | Ride | | | |
| | 2 | Warning Signs / Rider Restrictions | S | Lighting Equipment Wiring | | | | |
| S Fiber Glass Conditions S Fire Extinguisher - NFPA 101 | | MECHANICAL | S | Emergency Stop Switches | S | | | |
| | S | Drive | - | STRUCTURAL | | | | |
| S Manufacturer's Manual | S | Sheaves | S | Bracing | | | | |
| | N/A | Single Point Suspension | N/A | Sweeps | | | | |
| S Maintenance Log | S | Guarding Moving Parts & Chains & Belts | IS | Blocking | | | | |
| | S S | Hydraulic System | S | Gears S | | | | |
| S Observed | | Lubrication Anti-Rollback Devices | S | Correct Grade of Bolts | 7 K B' E' | | | |
| | S | Brakes | S | Fasteners, Safety Clips, F Wire Rope Inspection | R-Keys, Pins, Etc | | | |
| S | | Air Tank - requires Missouri Inspection | Ť | valie Nope inspection | | | | |
| OTHER | N/A | Certificate if >5 cu. ft. or 38 gal. | | | | | | |
| N/A Reviewed NDT Test Reports | | | | | | | | |
| | | | - | | | | | |
| IN THE ABSENCE OF ASTM STANDARDS FOL | OW | MANUEACTURER'S INSPECTION OF THE | INIES | | | | | |
| IN THE ABBENCE OF ASTIM STANDARDS FOL | COM | MIANUFACTURERS INSPECTION GUIDE | TIMES | | | | | |
| REMARKS: DECEUVE MAY 2 V 2024 By hus | | | | | | | | |
| AT THE TIME OF THE MANUFACTUREING THIS RIDE MET ALL ASTM STANDARDS FOR THAT DATE | | | | | | | | |
| NOTE: This is a general check list and is not intend per ASTM National Standards, Manufacturer's Insamusement ride was inspected in accordance with inspection. | ed to | be"all inclusive". It is the responsibility of the source of the second in the second | he insp s and | pector to perform the annua regulations. I state that the e requirements/guidelines | I safety inspection | | | |
| SIGNATURE OF INSPECTOR | , |) | | DATE | | | | |
| PRINTED NAME AND TITLE OF INSPECTOR AND COMPANY 4-11 -2024 | | | | | | | | |
| λ | DOL | JBLE A ENTERPRISES | | | | | | |