

INFLATABLE ATTRACTIONS

INSPECTOR NAME: _____ **Date:** _____

CHECKLIST

BLOWER(S)

1	The manufacturer specified number and type of blower(s) are utilized.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	The inflatable blower(s) cords are undamaged.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3	The blower(s) are placed in a location away from patrons.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	Blower(s) inflation tubes are in good condition and firmly affixed to the blower.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	Blower(s) are equipped with the proper guards and/or shields.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	The air section on the blower(s) is free of any debris.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7	Electrical outlets are positioned at an appropriate distance from the blower and are properly secured and free of trip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

INFLATABLE STRUCTURE

1	A protective ground cover is in place to meet manufacturer requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	The inflatable is set up on a level space with a suitable ground surface that is clear of debris and sharp objects.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3	The inflatable is erected away from any hazards, and no utility lines are located within 20 feet of the device in all directions.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	The inflatable is anchored and secured per the manufacturer's specifications:	
	a) Anchors are straight stakes, screw stakes, ground weights, or sandbags around anchors.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	b) Anchor systems are intact and ropes tethers and tie-downs are the appropriate tensile and test rated strength.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	c) Ropes, tethers, and tie-downs are not worn or chafed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	d) Ground stakes should be 30 inches to 42 inches in length with at least 75% or more of the length in the ground.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	e) The ends of the stakes are covered to reduce trip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	f) Air release vents are secured.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	Protective landing materials are in place at the entrance and exit of the inflatable.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	Protective barriers and/or queuing is in place around the inflatable per the manufacturer's recommendations and/or local and state requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7	Mechanical devices incorporated into the inflatable attraction are protected with padding/guarding and are free from laceration and entanglement exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8	The structure is free of damage and/or tears.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

GENERAL

1	The height measurement devices are in place, highly visible, in good repair, and measures to the appropriate height requirement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	Safety, warning, and instructional signs are highly visible, in good repair, appropriately placed, and note exposures to risks.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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3	Safety signage includes Patron Responsibility statement or applicable jurisdiction statement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	Walking surfaces are in good condition and free of slip and fall, and trip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	All transitional areas are clearly marked with a contrasting color.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	The area is clean and free of trash, debris, and clutter.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

ADDITIONAL COMMENTS:

Inspector Signature

Date

Inspector Name Printed