

Colorado Department of Labor and Employment
Division of Oil and Public Safety – Amusement Rides and Devices Program
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Amusement Ride or Device Certificate of Inspection

(Revised 4/23/2020)

An Inspection by an Inspector must be conducted on each Amusement Ride or Device. The Inspection shall be conducted with the Amusement Ride or Device in an operable state prior to opening to the public and include an evaluation of the ride or device for a minimum of one complete operating cycle. A separate Certificate of Inspection shall be completed and signed by each Inspector per group of amusement rides or devices. The annual Inspection shall also include a review of the Operator's Daily Inspection records, inspection and maintenance program records and training records in accordance with the standards adopted by these regulations and the manufacturer's recommendations, as applicable.

It is the Operator's responsibility to ensure that signed certificates are promptly submitted to the Amusement Rides and Devices Program upon completion of the Inspections.

Devices Program upon completion of the inspections.														
Owner/Operator Information														
Owner/Operator Name:								Registra			#:			
Email Address:		Phone						Phone #	:					
Permanent Address:		Street:												
		City:	State:											
Location of Inspection:		Street:												
		City:	State:						2	ZIP:				
Amusement Ride or Device Information														
Each item number on the Certificate of Inspection is considered to represent one ride or device. Devices such as Aerial Adventure														
Courses, Trampoline Courts, and Zip Lines are generally considered to be one ride or device based on the Information Plate.														
Item Name				Cor			N/	lanufactuu	ror / Voor	Cla	iss	Inspection		
#	Name		Serial #			IVI	Manufacturer A		Α	В		Date		
1														
2														
3														
4														
5														
Inspection Information														
Inspection Type:		Annual	Major Modification New Installation											
Inspector Information and Certification														
Inspector Name:							Ins	Inspection Company:						
Email Address:							Pho	one #:						
Business Address:		Street:												
		City:						State:			2	ZIP:		
Certification Type:		1	2 3	3	4	5								
I hereby certify that the above described Amusement Ride(s) or Device(s) were inspected, in accordance with the Colorado Amusement Rides and Devices Regulations (7 CCR 1101-12) and that any deficiencies identified or noted at the time of Inspection have been corrected. For new installations and Major Modifications, I hereby certify that I am not affiliated by employment or Subsidiary Relationship to the Operator of the Amusement Ride or Device, or the manufacturer, whose modification or new installation is being inspected.														
Inspector Signature:										Dat	e:			