



Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES EMPLOYEE TRAINING RECORD

Section 616.242(17), Florida Statutes,
Rule 5J-18.0012, Florida Administrative Code

Phone: 1-800-435-7352; Fax: (850) 410-3797
FairRides@FDACS.gov

**WILTON SIMPSON
COMMISSIONER**

Amusement Ride Company _____ Initial Date Trained: _____

Employee Name _____ (print) Trainer Name _____ (print)

Name of Amusement Ride and Serial Number _____

OPERATION TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
1. Operating Procedures			
2. Specific Duties			
3. General Safety Procedures			
4. Emergency Procedures			
5. Demonstration of the physical ride operation			
6. Supervised observation of the physical operation			
7. Additional instructions from owner			
MAINTENANCE TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
1. Inspection/Preventive maintenance procedures			
2. Specific duties			
3. General safety			
4. Demonstration of performance of assigned duties and inspections			
5. Supervised observation of performance			

I certify that the employee identified above has successfully completed all necessary training required for compliance with ASTM-F24 Committee Standards, as indicated by the date of completion and trainer's signature in the appropriate column. The trainers who conduct the training also meet the requirements of ASTM International Committee F24 standards and are certified by the company to conduct training, supervise, and observe the inspections and operations of the rides listed hereon. Training requirements for rule 5J-18.014 F.A.C. have been met.

Signature of Owner/Manager

Date