

COMMISSIONER

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

Amusement Ride Company			
Employee Name		(print) Trainer Name	(print)
Name of Amusement Ride and Ser	ial Number		
OPERATION TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
Operating Procedures			
2. Specific Duties			
3. General Safety Procedures			
4. Emergency Procedures			
Demonstration of the physical ride operation			
Supervised observation of the physical operation			
7. Additional instructions from owner			
MAINTENANCE TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
Inspection/Preventive maintenance procedures			
2. Specific duties			
3. General safety			
Demonstration of performance of assigned duties and inspections			
Supervised observation of performance			
certify that the employee identified a Standards, as indicated by the date of cequirements of ASTM International Cor	completion and trainer's mmittee F24 standards a	signature in the appropriate column. The tr	for compliance with ASTM-F24 Committee ainers who conduct the training also meet the aining, supervise, and observe the inspections
Signature of Owner/Manager		Date	