

AMUSEMENT PARK RIDE REPORT OF ITINERARY

K-ISH 502 (Rev. 4-13)

[Click here
to submit by email](#)

Return completed form to:

MAIL: Kansas Department of Labor
Industrial Safety and Health Division
417 SW Jackson St.
Topeka, KS 66603-3327
FAX: (785) 296-1775
EMAIL: indsafetyhealth@dol.ks.gov
(click on button)

Amusement ride/attraction owners or operators must file this itinerary of scheduled operation dates and locations with the Kansas Department of Labor no less than 30 days prior to the operation of rides or attractions for use by the public in this state. Failure to do so will subject such owner or operator to the penalty as provided by law.

Business name: _____ Owner name: _____

Contact person: _____ Phone: (_____) _____

Mailing address: (street or P.O. Box) _____
(city) _____ (state) _____ (ZIP code) _____

Email: _____

Fixed Location of Park

Address/location of rides/attractions: (street) _____
(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person: _____ Phone: (_____) _____

Dates open to the public: _____ Time open to the public: _____

Traveling Show Itinerary

Event 1

Sponsor: _____ Erection date: _____

Site of event: (street) _____
(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 2

Sponsor: _____ Erection date: _____

Site of event: (street) _____
(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 3

Sponsor: _____ Erection date: _____

Site of event: (street) _____
(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

continued

Amusement Park Ride - REPORT OF ITINERARY

K-ISH 502 (Rev. 4-13)

Traveling Show Itinerary - continued

Event 4

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 5

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 6

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 7

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 8

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 9

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Amusement Park Ride - REPORT OF ITINERARY

K-ISH 502 (Rev. 4-13)

Traveling Show Itinerary - continued

Event 10

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 11

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 12

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 13

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 14

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____

Event 15

Sponsor: _____ Erection date: _____

Site of event: (street) _____

(city) _____ (state) _____ (ZIP code) _____ (county) _____

Contact person on site: _____ Phone on site: (_____) _____

Dates open to the public: _____ to _____ Time open to the public: _____ to _____