

KANSAS DEPARTMENT OF LABOR
www.dol.ks.gov

AMUSEMENT RIDE - REPORT OF ITINERARY

K-ISH 502 (Rev. 6-17)

Return completed form to:

MAIL: Kansas Department of Labor
Industrial Safety and Health Division
Attn: Amusement Ride Permits
417 SW Jackson St.
Topeka, KS 66603-3327
FAX: (785) 296-1775
EMAIL: KDOL.Amusements@dol.ks.gov

Amusement ride/attraction owners or operators must file this itinerary of scheduled operation dates and locations with the Kansas Department of Labor (KDOL). Failure to do so may subject such owner or operator to the penalty as provided by law.

Amusement Ride Report of Itinerary

Entity Information (owns, leases, controls or manages operations of the amusement ride):

Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Type: _____ Individual _____ Business _____ Not-for-profit _____ State/local government
Insurance carrier name: _____ Policy number: _____

Responsible Individual (i.e., owner, Director of Operations, Park Superintendent, etc.):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Location 1:

Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Dates open to the public: _____ Times open to public: _____
Date of most recent inspection (by qualified inspector): _____
Type of location: _____ Permanent _____ Temporary (check all that apply)
Name of qualified inspector: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Location 2:

Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Dates open to the public: _____ Times open to public: _____
Date of most recent inspection (by qualified inspector): _____
Type of location: _____ Permanent _____ Temporary (check all that apply)
Name of qualified inspector: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Amusement Ride - Report of Itinerary

K-ISH 502 (6-17)

Entity Information (owns, leases, controls or manages operations of the amusement ride):

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Type: _____ Individual _____ Business _____ Not-for-profit _____ State/local government

Location 3:

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Dates open to the public: _____ Times open to public: _____

Date of most recent inspection (by qualified inspector): _____

Type of location: _____ Permanent _____ Temporary (check all that apply)

Name of qualified inspector: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Location 4:

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Dates open to the public: _____ Times open to public: _____

Date of most recent inspection (by qualified inspector): _____

Type of location: _____ Permanent _____ Temporary (check all that apply)

Name of qualified inspector: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Location 5:

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Dates open to the public: _____ Times open to public: _____

Date of most recent inspection (by qualified inspector): _____

Type of location: _____ Permanent _____ Temporary (check all that apply)

Name of qualified inspector: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Amusement Ride - Report of Itinerary

K-ISH 502 (6-17)

Entity Information (owns, leases, controls or manages operations of the amusement ride):

Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Type: _____ Individual _____ Business _____ Not-for-profit _____ State/local government

Location 6:

Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Dates open to the public: _____ Times open to public: _____
Date of most recent inspection (by qualified inspector): _____
Type of location: _____ Permanent _____ Temporary (check all that apply)
Name of qualified inspector: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Location 7:

Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Dates open to the public: _____ Times open to public: _____
Date of most recent inspection (by qualified inspector): _____
Type of location: _____ Permanent _____ Temporary (check all that apply)
Name of qualified inspector: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Location 8:

Address: _____
City: _____ State: _____ ZIP: _____ County: _____
Dates open to the public: _____ Times open to public: _____
Date of most recent inspection (by qualified inspector): _____
Type of location: _____ Permanent _____ Temporary (check all that apply)
Name of qualified inspector: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____

On-site Contact (in charge of managing operation):

Name: _____ Title: _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone: _____ Email: _____

Submit