

QUALIFIED INSPECTOR STATUS REPORT

K-ISH 518 (Rev. 7-18)

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: KDOL.Amusements@ks.gov

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I _____, hereby certify that I am a qualified inspector pursuant to K.S.A. 2017 Supp. 44-1601(n) because I meet the following criteria.

Select all that apply:

a licensed professional engineer, as defined in K.S.A. 74-7003, and amendments thereto, and have completed at least two years of experience in the amusement ride field, consisting of at least one year of actual inspection of amusement rides under a qualified inspector for a manufacturer, governmental agency, amusement park, carnival or insurance underwriter, and an additional year of practicing any combination of amusement ride inspection, design, fabrication, installation, maintenance, testing, repair or operation;

a minimum of five years of experience in the amusement ride field, at least two years of which consisted of actual inspection of amusement rides under a qualified inspector for a manufacturer, governmental agency, amusement park, carnival or insurance underwriter, and the remaining experience consisting of any combination of amusement ride inspection, design, fabrication, installation, maintenance, testing, repair or operation; or

qualified training from a third party, such as attainment of level I certification from the national association of amusement ride safety officials (NAARSO), attainment of level I certification from the amusement industry manufacturers and suppliers international (AIMS), attainment of a qualified inspector certification from the association for challenge course technology (ACCT), when applicable, or other similar qualification from another nationally recognized organization. See, K.A.R. 49-55-13; or

for purposes of inspecting inflatable devices that are rented on a regular basis and erected at temporary locations, have provided satisfactory evidence of completing a minimum of five years of experience working with inflatable devices and have received qualified training from a third party, such as attainment of an advanced inflatable safety operations certification from the safe inflatable operators training organization or other nationally recognized organization.

The types of amusement rides I am qualified to inspect are:

Signature

Date

Please include any necessary supporting documents.

Submit