

Request for Initial Electrical Inspection Carnivals / Circuses / Inflatable Amusements

Return this to the Department of Labor and Industry
 no less than 14 days prior to your requested inspection date

| | | | |
|--------------------------|--------------|--------------|-------------------|
| Name of Carnival or Show | | | |
| Name of Operator | | | |
| Address | | City | State Zip Code |
| Telephone | Cell Phone 1 | Cell Phone 2 | Fax |
| Email Address | | Web Site | |

We request an initial inspection of our show at the following time and location:

| | | |
|---|------|------|
| Equipment will be Ready for Inspection: | Date | Time |
| This Event opens: | Date | Time |
| Physical Address or Event Location | | City |

Complete and return this form along with your Itinerary form and the completed List of Rides, Games and Concessions.

You must submit a **certificate from your insurance company** stating that an insurance policy with limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate, insuring all owners against liability for injury to a rider is in effect.

You must also submit a properly completed and notarized **Affidavit of Ride Inspection for each ride**.

See **Minnesota Statute §184, Regulation of Amusement Rides** for additional information.

All information must be provided so that your electrical inspections may be scheduled and performed without delay.

This office shall be notified in writing of any additional engagements scheduled after the initial inspection. For subsequent appearances - not listed on the season itinerary – this office shall be notified at least 48 hours in advance or a \$100 charge will be made in addition to all inspection fees.

The above information, including all the required forms and directory of electrical inspectors, is available at:

<http://www.dli.mn.gov/business/electrical-contractors/portable-and-temporary-power>.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice.

2019 Transient Operation Schedule Report

Completely and legibly fill in the following itinerary form, your *Request for Initial Inspection* form and the *List of Rides, Games, Concessions and Inflatable*.
Email **Lisa.Pazdernik@state.mn.us** or fax all three forms to **651-284-5746**.

Changes and additions must be submitted at least 48 hours before requested inspection time or an additional \$100 fee may be charged.

| Name of Event | Location (physical address required) | Inspection Date | Inspection Time | Opening Date | Opening Time | City | Generators and AMPS |
|--|---|---------------------|---------------------|---------------------|--------------------|-----------------------|-------------------------|
| <i>(Example) Wild West Days</i> | <i>City Mall, 123 Main St.</i> | <i>May 8</i> | <i>10:00</i> | <i>May 9</i> | <i>noon</i> | <i>Anytown</i> | <i>2-300 AMP</i> |
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List of Games, Rides, Concessions and Inflatables

| Generator #1 AMPS | | Generator #2 AMPS | Generator #3 AMPS | |
|--|--------------------|---|-------------------|-------|
| Unit will be Available at Initial Inspection | Ride Serial Number | Name of Each Game, Ride, Concession or Inflatable | | Amps. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Special instructions or comments:

(Attach additional sheets if necessary)

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