WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES MECHANICAL, STRUCTURAL, OR ELECTRICAL DEFECT/FAILURE REPORT

Section 616.242(15), Florida Statutes
Rule 5J-18.0012, Florida Administrative Code

Phone 1-800-435-7352; Fax (850) 410-3797
FairRides@FDACS.gov

REPORT MECHANICAL, STRUCTURAL OR ELECTRICAL DEFECTS/FAILURES TO THE DIVISION OF CONSUMER SERVICES BY TELEPHONE at (1-800-663-3542), FAX at (1-850-410-3797), OR E-MAIL: FAIRRIDES@FDACS.GOV

Name of Owner _____ Address _____

Telephone _____ Email _____

Name of Ride Operator _____ Address _____ Telephone _____

Name of Fair Event _____ Address _____ Telephone _____

Date and Time of Ride Closure: _____

Date and Time Ride Reopened: _____

Name of Amusement Ride: _____ USAID # _____

Describe Mechanical, Structural or Electrical Defect/Failure: _____

Give a brief statement how incident occurred: (Write continued or additional information on back)

Describe any past problems of a similar nature: _____

Describe corrective actions taken following the incident: _____

Incident cause (check one): 1. Mechanical ☐; 2. Structural ☐; 3. Electrical ☐; defect/failure. Identify witnesses to incident and attach accident report, if any:

Name of Witness _____ Address _____ City/State/Zip _____ Telephone _____

Name of Witness _____ Address _____ City/State/Zip _____ Telephone _____

(Include additional witness information on attached sheet)

NOTE: Any written statements taken from ride operator, company personnel and/or witnesses must be attached to this report. Any written statements or reports filed by law enforcement, Fair/Event Security or Emergency personnel at the scene of the accident must also be attached to this report.

Person Completing Report:

Please Print Name _____ Signature _____ Date _____