

FORM M-1 MANUFACTURER'S DATA REPORT FOR AMUSEMENT DEVICES

1. Manufactured by: \_\_\_\_\_  
(Name and address of Manufacturer)

2. Manufactured for: \_\_\_\_\_  
(Name and address of purchaser)

3. Location of installation: \_\_\_\_\_  
(Name and Address - permanent device only)

4. Manufacturer's Name for Device: \_\_\_\_\_

6. Manufacturer's Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
(manufacturer model number) (manufacturer serial number)

5. Manufacturer's Address: \_\_\_\_\_  
(Street) (City/State) (Country / Zip Code)

6. Date of manufacture: \_\_\_\_\_ Date of purchase: \_\_\_\_\_  
(Date) (Date)

7. Name for Device if different from manufacturer's name: \_\_\_\_\_

8. Primary State of Registration: \_\_\_\_\_ State Registration Number: \_\_\_\_\_  
(State) (USID No.)

9. Safety Devices: Rider restraining device: \_\_\_\_\_  
(interlocking / non-interlocking / other / automatic set)  
Operator set  Patron set  Type: \_\_\_\_\_  
(lap, lap/sash, over shoulder, etc)

Overspeed device: \_\_\_\_\_  
(device used)

Deadman switch: \_\_\_\_\_  
(type used)

Secondary safety devices: \_\_\_\_\_  
(device used)

Secondary safety devices: \_\_\_\_\_  
(device used)

10. All materials used in the construction of this device conform to the following code(s):  
\_\_\_\_\_  
(List codes used in design and construction of this device)

11. Maximum RPM: \_\_\_\_\_ RPM 12. Maximum designed load per car/tub: \_\_\_\_\_ Pounds

13. Power Supply  
Voltage: \_\_\_\_\_ Number of phases: \_\_\_\_\_ Frequency: \_\_\_\_\_ KVA or kW rating: \_\_\_\_\_

14. Engine detail (if integral part of ride or device)  
 Type of engine \_\_\_\_\_ KW rating: \_\_\_\_\_ Drive: \_\_\_\_\_  
 (electric or hydraulic)
15. Maximum number of patrons permitted on or in device at any one time: \_\_\_\_\_
16. Maximum number of patrons permitted within any vehicle for ride cycle: \_\_\_\_\_
17. Maximum G-Force that may be applied to any patron during the duration of a ride cycle: \_\_\_\_\_
18. Minimum number, size and rating of fire extinguishers to be carried: \_\_\_\_\_
19. Direction of rotation: \_\_\_\_\_ 20. Maximum cycle time for ride operation: \_\_\_\_\_

21. Data Supplied: (indicate here what data is supplied with ride and is expected to remain with it)

	Yes	No	Other (see attached)
a. Assembling /disassembling instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
b. Operation / maintenance manual or instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
c. Periodic safety inspection checklist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
d. Emergency procedure checklist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
e. Engineering Computations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
f. Listing of components which, if subject to failure, could lead to danger	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
g. Drawings			
General arrangement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Component drawings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Electrical wiring diagrams	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Hydraulic / pneumatic schematics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
h. Hazard / risk assessment documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
i. Other data unique to this device	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**CERTIFICATE OF ACCEPTANCE TESTS**

22. Name of testing organization: \_\_\_\_\_

23. Address of testing organization: \_\_\_\_\_  
(street) (city / state / country / zip code)

24. Name of person(s) conducting tests: \_\_\_\_\_  
(Name) (Certification held / Cert. No.)  
 \_\_\_\_\_  
(Name) (Certification held / Cert. No.)

25. Date of testing: \_\_\_\_\_

26. TEST PROCEDURE	<b>LOAD APPLIED</b>
Over/full load: _____ / _____ / _____	Percent of full load _____
Partial load: _____ / _____ / _____	Percent of full load _____
Imbalance/stability: _____ / _____ / _____	Percent of full load _____
Number of vehicles used for imbalance or instability test: _____	

27. General Description:	Mobile or portable <input type="checkbox"/>	Fixed location (park model) <input type="checkbox"/>
	Trailer mounted operation: <input type="checkbox"/>	Independent of trailer operation <input type="checkbox"/>

29. Signature of tester: \_\_\_\_\_

30. Signature and status of witness: \_\_\_\_\_

31. Initial owner (if known): \_\_\_\_\_

I, the undersigned, holding a valid Professional Engineers Stamp Number, or Certificate of Competency to Inspect Amusement Devices Number \_\_\_\_\_ issued in the state or province of \_\_\_\_\_ and employed by \_\_\_\_\_ have inspected and tested the parts of the amusement device referred to in this data report, and state that to the best of my knowledge and belief, the manufacturer has constructed this amusement device in accordance with \_\_\_\_\_.

By signing this certificate neither the inspector nor their employer makes any warranty, expressed or implied, concerning the amusement device described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor their employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Commissions \_\_\_\_\_  
(Commissioned Inspector or Manufacturer's Representative) (A.I.M.S., NAARSO or Jurisdictional Commission)