

Request for Initial Electrical Inspection

Carnivals/Circuses/Inflatable Amusements

Return 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		Website	

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 of event location:	Street address	City or Township

Complete and return this form along with your Itinerary form and the completed list of rides, games, and concessions.

You must submit a **Certificate of Liability Insurance 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 Amusement Ride Inspection** for each ride.

See **Minnesota Statute §184, 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 operation schedule report – 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 obtained in alternative formats by calling the Department of Labor and Industry at 651-284-5005 or 800-342-5354.

List Of Games, Rides, Concessions, and Inflatables

Generator #1 AMPS		Generator #2 AMPS	Generator #3 AMPS	
Unit - available at initial inspection	Ride serial number	Name of 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				
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<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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