

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.



443 Lafayette Road N St. Paul, MN 55155 Phone: 651-284-5834 Email: <u>lisa.pazdernik@state.mn.us</u> <u>www.dli.mn.gov</u>

2024 Transient Operation Schedule Report

Completely and legibly fill in the Transient Operation Schedule Report and the List of Rides, Games, Concessions, and Inflatables.

Email to lisa.pazdernik@state.mn.us or mail to the above address

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 | Inspection | Inspection | Opening | Opening | City | Generators |
|-------------------------|-----------------------------|------------|------------|---------|---------|---------|------------|
| | (Physical address required) | date | time | date | time | | and AMPS |
| (Example) Wingding Days | City Mall, 123 Main St. | May 8 | 10:00 | May 9 | 1:00 | Anytown | 2-300 AMP |
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List Of Games, Rides, Concessions, and Inflatables

| | Gene | rator #1 AMPS | Generator #2 AMPS | Generator #3 AMPS | |
|-------|---|---------------|--------------------------|-------------------|--|
| | Unit - available at initial inspection Ride serial number Name of game, ride, concession, or inflatable | | oncession, or inflatable | AMPS | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| □ Yes | 🗆 No | | | | |
| □ Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | □ No | | | | |
| □ Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| 🗆 Yes | 🗆 No | | | | |
| □ Yes | 🗆 No | | | | |

Special instructions or comments:

(Attach additional sheets if necessary)

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