

**ANNUAL NAARSO INSPECTOR'S CERTIFICATION FORM**  
Carnival Ride Insurance Program

CARNIVAL CERTIFICATE #: \_\_\_\_\_

A separate 2-page document is required for certification for each ride.

Part 1: To be completed by the owner. Please be sure to attach:

1. A \$50 certified check or money order for the required filing fee made out to Carnival Ride Insurance Program.
2. A copy of a current ride insurance policy or certificate of insurance indicating at least \$1 million per occurrence and \$3 million per aggregate for injury to persons arising out of the operation of the carnival ride, a list of rides, plus an addendum from the insurance company indicating the year, make, model, and serial number of each ride. Under "certificate holder," the holder must be the Carnival Ride Insurance Program, State of New Mexico, 5500 San Antonio Dr. NE, Suite F, Albuquerque, NM 87109.
3. A list of rides with the year, manufacturer and ride name, and serial number of each ride from your certified NAARSO inspector.
4. A copy of your NAARSO certified inspector's report(s), daily log, and a copy of the current NAARSO certified inspector card.

Inspection Date(s): \_\_\_\_\_ Serial #: \_\_\_\_\_

Ride Name/Model #: \_\_\_\_\_

Address of Inspection: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Date Built: \_\_\_\_\_

Renovation Date(s): \_\_\_\_\_ Insured Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Please check one:

\_\_\_\_ This carnival ride is permanently located and operated at the above address.

\_\_\_\_ This carnival ride will be operated in several New Mexico locations. A "Notification of Location" form with the necessary information is attached.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Note: A copy of the NAARSO certified inspector's report must be attached.

Do not detach this page from page one.

Part 2: To be completed by a NAARSO certified inspector

Name of show: \_\_\_\_\_ Date of inspection(s): \_\_\_\_\_

Type of inspection: Annual \_\_\_\_\_ Reinspection \_\_\_\_\_

Certified NAARSO inspection company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date certified by a NAARSO inspector: \_\_\_\_\_

Certification #: \_\_\_\_\_ Certificate expiration date: \_\_\_\_\_

NAARSO certified inspector's name: \_\_\_\_\_

NAARSO certified inspector's email address: \_\_\_\_\_

Name of ride/model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

An Inspection by a NAARSO certified inspector shall be conducted on each amusement ride or device, with each amusement ride or device in an operable condition and including but not limited to the minimum scope of inspection as identified below.

**Minimum Scope of Inspection:**

1. Review operation and maintenance inspection records (checklists) in accordance with ASTM F770 and/or other applicable ASTM standard requirements
2. Review operation and maintenance training program and records in accordance with ASTM F770 and/or other applicable ASTM standard requirements
3. Ensure manufacturer manual(s) are present
4. Ensure the ride has been assembled in accordance with manufacturer requirements
5. Perform a structural inspection on all accessible structures/welds
6. Ensure all safety signage is posted and in public view
7. Ensure all ASTM F1193 supplemental notification bulletin(s) have been performed
8. Ensure all NDT has been performed in accordance with manufacturer requirements
9. Operate the ride or device for a minimum of three complete operating cycles and ensure the ride is operating within manufacturer parameters (ex. speed, rotation, height, etc.)
10. Verify all operation controls, including emergency stop are functioning properly
11. If applicable, the ride meets the United States Consumer Product Safety Commission requirements
12. Ensure all deficiencies identified or noted at time of inspection have been addressed

In detail, describe all discrepancies, repairs, or replacement of parts that were found during inspection prior to operation. (if additional space is needed, attach a supplemental sheet of paper).

1. \_\_\_\_\_ 2. \_\_\_\_\_

I, the undersigned NAARSO Inspector, have performed a competent inspection for the ride listed on this form, and in accordance with the scope of inspection. Based on this inspection I have determined that the ride is safe to operate.

\_\_\_\_\_  
Signature of NAARSO certified inspector

\_\_\_\_\_  
Date

If you have any questions, please feel free to email Becky Barmuta at [becky.barmuta@rld.nm.gov](mailto:becky.barmuta@rld.nm.gov)