



Department of Agriculture

AMUSEMENT RIDE SAFETY

8995 East Main Street, Reynoldsburg, OH 43068-3399

Telephone: (614) 728-6280 Fax: (614) 728-6416

www.ohioagriculture.gov/rides Email: ridesafety@agri.ohio.gov

SCHEDULE OF OPERATION OF PERMANENT OHIO AMUSEMENT PARKS/FACILITY

Ohio law and the Ohio Department of Agriculture rules require all owners and/or operators of an amusement ride(s) or device(s) to annually submit, at least 30 days in advance of operation, this form along with an application for an annual permit for each ride or device. Please print in black ink or type and submit to the above address.

Name of Amusement Company:

Phone Number:

Street Address or PO Box:

City:

State:

Zip:

Name of Safety Officer/Responsible Person:

Person's Correct Title:

Park/Facility Will Open on:

Month: _____

Date: _____

Time: _____

Park/Facility Will be Ready for a Dry Inspection on:

Month: _____

Date: _____

Time: _____

Park/Facility Will be Ready for a Wet Inspection on:

Month: _____

Date: _____

Time: _____

Park/Facility Will Close for the Season on:

Month: _____

Date: _____

Time: _____

COMPLETE IF APPLICABLE

_____ Park/Facility Will Open on Weekends Only at the Beginning of the Season.

_____ After : _____ / _____ , the park/Facility will be Open from: _____ / _____
Month Date Hour Hour

_____ After : _____ / _____ , the Park/Facility Will Convert Back to Open on Weekends Only.
Month Date

This form was completed by:

Signature:

Printed Name:

Title:

Telephone Number:

Date Form Completed:

Ride/device or park/facility owner must file (or see that it is filed) with the Ohio Department of Agriculture a Certificate of Insurance of not less than \$500,000 for bodily injury to or death of one person nor less than \$1,000,000 for bodily injury or death of two or more persons in each occurrence. The certificate must obligate the insurer to notify the Ohio Department of Agriculture, in writing, of cancellation at least 30 days prior to the cancellation. Additional requirements are mandated if for any reason the coverage is reduced from the required amount. For other specifics required within the Ohio Revised Code Section 1711.54, please contact the Amusement Ride Safety Division at the address and phone number found at the top of this form.