Waikato Building Consent Group

Amusement Device Permit Inspection

Name of Owner:	Device Certificate of Registration No:
Name of Operator (if other than Owner):	
Amusement device known as:	Expiry date:
Property Address where device is sited:	

ITEMS TO BE CHECKED *[Checked against the approved Building Consent (BC) documents]*

Key:
Decision: [√] or [P] = Pass [X] or [F] = Fail, further inspection required [I] or [—] or [NA] = Not Applicable
Reason for decision: Compliance or non compliance with *Amusement Devices Regulations 1978 (SR 1978/294)*

Every person inspecting an amusement device shall have regard to whether:

- ☐ The ground on which the device is erected is capable of supporting it without risk of subsidence
- ☐ There is sufficient clearance between any part of the device and any fixed or moving objects in its vicinity to prevent injury to any person when the device is in operation (includes safety fences as specified on the certificate)
- ☐ Such protective fences or barriers as the local authority may require are erected:
- ☐ In all other respects, the erection and proposed operation of the device complies with the local authority's bylaws.

Certification:

- ☐ Certificate of Registration is current and specific to the amusement device
- ☐ Certificate of Registration received from currently registered Chartered Professional Engineer with mechanical engineering qualifications
- ☐ In all other respects, the erection and proposed operation of the device complies with the specifications of the certificate
- ☐ Fire extinguishers as specified on the certificate
- ☐ Current electrical certificate

Comments if required: ☐ Photos attached *(if relevant)* ☐ Memo / Instruction No: ……..... ☐ Verbal instruction *(specify):*

OUTCOME OF DECISIONS *[Tick the correct outcome: e.g. ☑ PASS or ☑ FAIL etc. Use REPEAT section if applicable.]*

Work complies with Amusement Devices Regulations 1978 (SR 1978/294) (as at 03 September 2007)	REPEAT: Work complies with Amusement Devices Regulations 1978 (SR 1978/294) (as at 03 September 2007)
☐ PASS	☐ PASS
☐ FAIL. Repeat inspection required ☐ Additional fee	☐ FAIL. Repeat inspection required ☐ Additional fee
Officer Name:	Officer Name:
Signature : Date:	Signature : Date: