Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

EMPLOYEE TRAINING RECORD

Section 616.242(16), Florida Statutes,
Rule 5J-18.0012, Florida Administrative Code

ADAM H. PUTNAM
COMMISSIONER

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Amusement Ride Company _____

Employee Name _____ (print) Trainer Name _____ (print)

Name of Amusement Ride and Serial Number _____

OPERATION TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
1. Operating Procedures			
2. Specific Duties			
3. General Safety Procedures			
4. Emergency Procedures			
5. Demonstration of the physical ride operation			
6. Supervised observation of the physical operation			
7. Additional instructions from owner			
MAINTENANCE TRAINING	DATE	SIGNATURE OF EMPLOYEE	SIGNATURE OF TRAINER
1. Inspection/Preventive maintenance procedures			
2. Specific duties			
3. General safety			
4. Demonstration of performance of assigned duties and inspections			
5. Supervised observation of performance			

I certify that the employee identified above has successfully completed all necessary training required for compliance with ASTM-F24 Committee Standards, as indicated by the date of completion and trainer's signature in the appropriate column. The trainers who conduct the training also meet the requirements of ASTM-F24 Committee Standards and are certified by the company to conduct training, supervise, and observe the inspections and operations of the rides listed hereon. The owner or manager executing this personnel training record certifies that the employee identified hereon is trained in all operation and inspection procedures for each amusement ride listed hereon as required by Section 616.242(16), Florida Statutes and Rule Chapter 5J-18, Florida Administrative Code. Training requirements listed on this table are minimum requirements. A ride owner or manager may attach a ride specific training sheet to this Employee Training Record instead of recording training information on this form by writing "see attached" in the training results for that date. Note that the administrative information on this form: company name, ride name, USAID/SN and trainers signature must be completed.

_____ _____
Signature of Owner/Manager Date