

Entity Name \_\_\_\_\_ Date \_\_\_\_\_

What best describes your exposure (please select ALL that apply)

- Bounce House                       Jumping Pillow                       Jumping Pad  
 Water trampoline                       Carnival Ride (please specify) \_\_\_\_\_  
 Other \_\_\_\_\_

Month/Year it was originally installed/implemented: \_\_\_\_/\_\_\_\_

Are the manufacturer's recommendations followed at all times?                       Yes  No

Is it setup on a flat ground surface (not on a slope)?                       Yes  No

Is there a minimum of 5 feet of clearance space on all sides?                       Yes  No

How is it secured to the ground? \_\_\_\_\_

Is adult supervision required at all times?                       Yes  No

Is a waiver required for participation?                       Yes  No

Are the rules clearly posted?                       Yes  No

Does the attendant make all participants aware of the rules?                       Yes  No

Are participants grouped with others similar in age, weight and height?                       Yes  No

(Adults and older children should not bounce with younger children)

Is the device deflated when not in use?                       Yes  No

Are all electrical connections properly grounded?                       Yes  No

Was any wiring completed by a certified electrical contractor?                       Yes  No

How often is the device/equipment inspected? \_\_\_\_\_

What material is utilized for the shock absorbent landing zone? \_\_\_\_\_

Is personnel trained on safety and operation?                       Yes  No

If yes, who provides this training and how often? \_\_\_\_\_

Is it a water based device?                       Yes  No

If yes, is it located in a minimum of 10 feet of water?                       Yes  No

Is it tethered in place?                       Yes  No

List any reasons why you would decline a person from participating (health, age, alcohol, etc). \_\_\_\_\_

**Please provide a photo**