**Amusements/Inflatables Request Form**

Attach this checklist and all required attachments to the Event Support Kuali Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Device #1 | Device # 2 | Device #3 | Device #4 | Device #5 |
| Event Name | Sample Event |  |  |  |  |
| Event Coordinator/  Responsible Party | Betty Williams |  |  |  |  |
| Coordinator Contact Info | 757-555-1234  [bwill132@odu.edu](mailto:bwill132@odu.edu) |  |  |  |  |
| ODU Staff (employee) Sponsor & Contact info | SET Events, x 5555 |  |  |  |  |
| Budget Code | 4XX00 |  |  |  |  |
| ODU POC Day of Event & cell # | Same as above |  |  |  |  |
| Date of Event | 4.5.17 |  |  |  |  |
| Hours of Event | 1 PM – 6 PM |  |  |  |  |
| Site Layout (**satellite map** of space & **nearby buildings**) | Attached |  |  |  |  |

**Sections highlighted in BLUE should be provided by your vendor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Device Owner | Party Bus |  |  |  |  |
| Owner’s Name and Contact information | Gary Larson, 757.555.4593 |  |  |  |  |
| Device Name | Giant Slide |  |  |  |  |
| Model # | 1234 |  |  |  |  |
| Serial Number | 1916-AB1 |  |  |  |  |
| Dimensions  (Length x Width x Height) | 3’x18’x18’ |  |  |  |  |
| Maximum Occupants | 8 |  |  |  |  |
| **Device MANUAL** | Attached |  |  |  |  |
| Certificate of Insurance | Attached |  |  |  |  |
| Inspection Certificate or needed | Attached |  |  |  |  |
| Device anchoring System | 4 stakes |  |  |  |  |
| Anchoring system designed by…? | Manufacturer |  |  |  |  |
| Generator requires ground rods? | No |  |  |  |  |
| Vendor notified stakes shall not be driven w/in 5’ of a utility marking | Yes |  |  |  |  |
| Device installed by..? | Owner |  |  |  |  |
| Padded mats for egress\* - yes/no | yes |  |  |  |  |
| Vendor arrival date & setup start time | 4.5.17  10 AM |  |  |  |  |
| Available for inspection time | 11 AM |  |  |  |  |

\*Padded mats MUST be provided, by the vendor, for each inflatable device and will be positioned at each inflatables’ entrance/exit. Inflatables shall not be operated without them.

**Notifications to Amusement Providers:**

* + - * NO staking w/in 5’ of a marked utility line
      * It is necessary to stake each inflatable at every point where an attachment point or ring is placed by the manufacture of the inflatable.
      * Device shall be installed, maintained and operated in accordance with the manufacturer’s instructions and industry standards. If an accident involving the serious injury or death of a patron occurs, the operation of the device shall cease and DEB, the Division of Engineering and Buildings and the Department of Housing and Community Development shall be notified within 24 hours.
* **PRE-INSPECTION** – If amusement(s) have been pre-inspected, by a **Virginia DHCD certified amusement inspector**, AND the inspection has taken place within the period specified below, attach copy of inspection certificate:
  + INFLATABLES (bounce houses, slides, obstacle courses, etc.) – within the past **6 months** – from the date of the event.
  + Rides (Ferris wheels, bumper cars, etc.) and anything with a cable (rock climbing walls, zip lines, etc. – must be inspected prior to each event.