



CLEAR FORM

V-0226-1

| <b>PLEASE COMPLETE THIS REQUEST FORM → FIELDS INDICATED WITH * ARE MANDATORY</b><br>If you have any questions or need to make any changes to your inspection please contact us at <a href="mailto:edadinspection@tssa.org">edadinspection@tssa.org</a> .   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
|--|--|-----------|-----------|------------|--|---------|---------|--------------------------|--------|--|--------------|--|--|
| <b>*Program</b><br><br><b>*Requestor Information</b> <span style="color: red;">(Whose Requesting Inspection?)</span>   | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">Elevating</td> <td style="text-align: center; width: 33%;">Amusement</td> <td style="text-align: center; width: 33%;">SKI</td> </tr> <tr> <td colspan="3">Elevating Maintaining /Installing Contractor</td> </tr> <tr> <td colspan="3">Contractor Comapny Name:</td> </tr> <tr> <td colspan="3">Device Owner</td> </tr> </table> | Elevating | Amusement | SKI        | Elevating Maintaining /Installing Contractor |         |         | Contractor Comapny Name: |        |  | Device Owner |  |  |
| Elevating  | Amusement  | SKI       |           |            |  |         |         |                          |        |  |              |  |  |
| Elevating Maintaining /Installing Contractor   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| Contractor Comapny Name:   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| Device Owner   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>AD Inspection:</b><br>Renewal Application Approved? <span style="float: right;">YES</span>  | <b>Is this a Mobile Device?</b> <span style="float: right;">YES</span><br>Pre-Inspection Checklist must be available on site for inspector.<br>Outdoor Zipline dates must be between April and October.  |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>*Inspection Type</b><br><b>*Installation Number</b><br><b>*Device Type</b><br><b>*Is this device shutdown?</b> <span style="float: right;">YES</span>   | <span style="color: red;">Has your Design Submission been approved through TSSA Engineering Department?</span> <span style="float: right;">YES</span>  |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>*Inspection Address</b><br><br><b>*Site Contact</b><br><b>*Mechanic on Site</b>   | <table style="width: 100%; border: none;"> <tr> <td colspan="2">Address:</td> </tr> <tr> <td style="width: 60%;">Site Name:</td> <td>Mechanic Name:</td> </tr> <tr> <td>Number:</td> <td>Number:</td> </tr> <tr> <td>Email:</td> <td>Email:</td> </tr> </table>  | Address:  |           | Site Name: | Mechanic Name:                               | Number: | Number: | Email:                   | Email: |  |              |  |  |
| Address:   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| Site Name:   | Mechanic Name:   |           |           |            |  |         |         |                          |        |  |              |  |  |
| Number:  | Number:  |           |           |            |  |         |         |                          |        |  |              |  |  |
| Email:   | Email:   |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>Federal</b>   | <b>Federal</b><br>If Federal, is security Clearance Required to enter site?<br>Is an escort required for the building?   |           |           |            |  |         |         |                          |        |  |              |  |  |
| <span style="color: red;">Dates should be 5 days from date of request. If dates provided are not available, WFP will select an alternative date. Advise WFP if this date, or any days of the week does not work for you.</span><br><br><b>Is this a last car in the group you wish to license?</b> <span style="float: right;">YES      NO</span>  | <b>*Inspection Request Dates</b> <span style="color: red;">Provide 3 dates.</span><br>1.<br>2.<br>3.   |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>*Is Special Safety training required to access site?</b> <span style="float: right;">YES</span><br><b>*Is there special health and safety protocols required to enter site? (I.E PPE, Deep Pit, Confined Space)</b>   |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>Construction Hoists:</b><br><br>NUMBER OF FLOORS IN BUILDING? (Once complete)<br><br>NUMBER OF HOISTS AT SITE?<br><br>LOCATION IN BUILDING (IF MULTIPLE HOIST LOCATIONS AT SITE)?<br><br><b>IS THIS A REQUEST FOR AN EXTENSION AND TO WHAT FLOOR (Y/N)?</b> <span style="float: right;">YES</span><br><br><span style="color: red;">For applicable contractors, extension requests should also be submitted via.</span><br><a href="#">Login - TrueContext</a><br>HOW MANY FLOORS IS EXTENSION?<br><br><b>IS THIS THE FINAL EXTENSION OF THE HOIST? (Y/N):</b> <span style="float: right;">YES</span><br><b>IS THIS HOIST DUE FOR A 6 MONTH PERIODIC INSPECTION? (Y/N):</b> <span style="float: right;">YES</span><br><b>HAS THIS DEVICE BEEN REMOVED?</b> <span style="float: right;">YES</span> |  |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>Subsequent Inspection:</b>  | As a reminder, if you have multiple subsequent inspections to be conducted along with the inspection of the last device in the group, you may need an additional day for your inspections to be completed.   |           |           |            |  |         |         |                          |        |  |              |  |  |
| <b>Escalators, Hoists, Initials and Majors:</b>  | Confirm the mechanic from the elevating device contractor is aware of the inspection request as they are required to be present. If the mechanic is not on site, the inspection will be deemed cancelled and billable. Cancellation fee may apply.   |           |           |            |  |         |         |                          |        |  |              |  |  |