Waikato Building Consent Group	Amusement Device
	Permit Inspection
Name of Owner: Name of Operator (if other than Owner): Amusement device known as: Property Address where device is sited: ITEMS TO BE CHECKED [Checked against the approved Building Comment)	Device Certificate of Registration No:  Expiry date:
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 Every person inspecting an amusement device shall have regard to whether:   The ground on which the device is erected is capable of	Certification:  Certificate of Registration is current and specific to the amusement device
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.	<ul> <li>Certificate of Registration received from currently registered Chartered Professional Engineer with mechanical engineering qualifications</li> <li>In all other respects, the erection and proposed operation of the device complies with the specifications of the certificate</li> </ul>
	<ul><li>☐ Fire extinguishers as specified on the certificate</li><li>☐ Current electrical certificate</li></ul>
Comments if required:   Photos attached (if relevant)   Memo / Instruction No:	
OUTCOME OF DECISIONS [Tick the correct outcome: e.g. ☑ PASS or ☑ FAIL etc. Use REPEAT section if applicable.]	
Work complies with <u>Amusement Devices Regulations</u> 1978 (SR 1978/294) (as at 03 September 2007)	REPEAT: Work complies with <u>Amusement Devices</u> Regulations 1978 (SR 1978/294) (as at 03 September 2007)
☐ PASS ☐ FAIL. Repeat inspection required ☐ Additional fee Officer Name:	<ul><li>☐ PASS</li><li>☐ FAIL. Repeat inspection required</li><li>☐ Additional fee</li><li>Officer Name:</li></ul>
Signature : Date:	Signature : Date:















