

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 SKI-AMUSEMENT SAFETY
 P.O. Box 30018, Lansing, MI 48909
 Telephone: 517-241-9273
 Fax: 517-241-9280
 www.michigan.gov/amusement

BREAKDOWN/FAILURE REPORT - AMUSEMENT DEVICE

AUTHORITY: P.A. 225 of 1966, as amended
 COMPLETION: Mandatory; see "Instructions" below.
 PENALTY: Failure to complete may result in suspension of permit to operate

INSTRUCTIONS:

Within 24 hours of the occurrence, report all "major breakdowns" (ref. PA 225 of 1966 R 408.806 Rule 6) and "unscheduled cessations" (ref. ASTM F 747 -96). Submit written report within 7 days. Reference: PA 225 of 1966 R 408.843 Rule 43(3) and 408.844 Rule 44.

TYPE OR PRINT IN INK ONLY

Name of Company	
Name of Ride	Ride I.D. Number 20050-
Location Where Incident Occurred (Address and City)	
Date of Failure (month, day, year)	Time of Day
Name of Special Inspector	Commission Number
Brief description of failure (Use attachments, if necessary):	
Description of Damage	
Description of Repair	
What is the likely cause of the failure?	
What has been done to prevent recurrence of the failure?	
Was anyone injured? <input type="checkbox"/> Yes* <input type="checkbox"/> No	If there were injuries, how many were injured?
*Note: A Personal Injury Report (Form BCS/LCR-500) is required, if any injuries occurred as a result of this failure.	
Title and Signature of Authorized	Date