

INFLATABLE AMUSEMENT DEVICES ACCEPTANCE AUDIT CHECKLIST

Note: Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

- Provide the operating manual from the manufacturer for the device.
- Verify the type and number of blower fan(s) for the device: **Electric** _____ **Gas Engine** _____
- Verify that any electric blower fan(s) for the inflatable device have CSA or equivalent electrical certification. Documentation or photo evidence of the approval label must be submitted to support this. A listing of acceptable certification marks can be found here: <https://www.technicalsaftybc.ca/alerts/approved-certification-marks-electrical-products>
- Verify that a Ground Fault Circuit Interrupter will be utilized for any electric blowerfans.
- Verify that the inflatable device meets CAN/CSA Z267-00 clause 5.4.6 (a). The material used in the construction of the device must be flame-resistant and meet a 2 second flame-out standard. Provide documentation to verify this requirement.
- Verify the setup requirements for the inflatable device identified by the manufacturer. These should be identified in the operating manual for the device. Provide the details identified below:
 - a. # of anchor points that must be utilized (in the absence of specific guidelines for use of anchor points it will be expected that all anchor points are utilized during setup): **# of anchor points** _____
 - b. Type of anchors to be used:
 - Anchor Spike Length** _____
 - Minimum Anchor Spike Installation Depth** _____
 - Sand Bag Weight** _____
- Identify the maximum wind speeds for operation of the device provided by the manufacturer:
Wind Speed _____ (KMH/MPH)
- Identify the deflation time of the device. Use a stopwatch to determine the amount of time it takes for the device to deflate to the point that it has no structural value (walls collapsed, no longer supports load) : **Time** _____ (seconds)
- Identify user restrictions/capacity
- Provide copy of Daily operational checklist
- Provide photo(s) of device setup as per manufacturers requirements from all aspects. Also provide photo of instruction/warning sign on device.
- Provide date of manufacturer/serial number
- Submit a training plan for the inflatable device operators. The plan must identify the manufacturers operating requirements and an evacuation plan for the device.
- Verify that all individuals who are operating these devices are familiar with the BCSA Amusement Device incident reporting requirements. See Directive NO: D-P4 070101 2 Revision: 03 [Incident Reporting Requirements with Respect to Amusement Rides and Devices \(Including Waterslides, Ziplines, Train Rides, Wakeboard Tows and Inflatables\)](#)

I, _____ as the contact identified for AM Contractor License # _____, confirm that the Inflatable Amusement Device Acceptance Audit Checklist information provided above for the _____ inflatable amusement device is true and accurate. All required documentation identified on the checklist is included with this submission.

<input type="checkbox"/>	Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.	
Signature:		Date:

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