

Chapter Comm 34**APPENDIX****AMUSEMENT RIDES AND ATTRACTIONS**

The material contained in this Appendix is for clarification purposes only. The notes, illustrations, diagrams and similar material are numbered to correspond to the number of the rule as it appears in the text of the code.

A 34.04 (2) INFORMATION REQUIRED. The following forms

(SBD-5292 and SBD-7620) are referred to in s. Comm 34.04 (2) (d) Note. Copies of these forms are available from the Bureau of Field Operations, Division of Safety and Buildings, P.O. Box 7302, Madison, Wisconsin, 53707, telephone 608/266-2780.



AMUSEMENT RIDE REGISTRATION 2002

SAFETY AND BUILDINGS DIVISION
Inspection and Safety Support Section
P.O. Box 7302
Madison, Wisconsin 53707-7302
(608) 266-2780
<http://www.commerce.state.wi.us>
<http://www.wisconsin.gov>
Scott McCallum, Governor
Phillip Edw. Albert, Secretary

Sections Comm Ch. 34.04 (1) and Comm Ch. 2.20 of the Wisconsin Administrative Code require that amusement rides be registered with the Department of Commerce each calendar year. Please provide all information requested below.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (2)(m)]

Ride Operation Business Name	Owner Name (if different from business name)
Business Street Address	Owner Street Address
City, State, Zip Code	City, State, Zip Code
Business Telephone Number ()	Owner Telephone Number ()

THE FOLLOWING MUST BE PROVIDED TO PROCESS YOUR REGISTRATION:

- ① Fee Calculation and Current Remittance
- ② Complete Route Schedule (SBD-7620)
- ③ Amusement Ride Registration Listing (SBD-7620a)

SAMPLE

① FEE CALCULATION AND REMITTANCE

➡ See page 2 for Fee Schedule

Registration Fees for All Rides Rides* at \$50.00/Ride= \$ _____
* Please indicate how many of the rides are coin operated: _____ **Total fees**

NOTE: REGISTRATION FEES ARE NOT REFUNDABLE

Revenue Code 8266

- ✓ List route info on Form SBD 7620 – Route Schedule for Amusement Rides
- ✓ List ride info on Form SBD 7620a – Amusement Ride Registration Listing
- ✓ Send payment and all registration materials to the address listed in upper right-hand corner.

NOTE: AMUSEMENT RIDE REGISTRATION MAY BE REFUSED BY THE DEPARTMENT FOR THE FOLLOWING REASONS:

- 1. Unabated safety related orders issued by Commerce
- 2. Outstanding registration and inspection fees
- 3. Incomplete registration form or inadequate fees
- 4. Modifications, repairs, or maintenance that are not in accordance with recognized safe practice
- 5. Failure to provide nondestructive testing information when the testing is required by section Comm Ch. 34.16.

FEE SCHEDULE FOR AMUSEMENT RIDES

2002

NOTE: For the purpose of determining the correct ride classification, the following information is provided from section Comm Ch. 34.03:

- Class 1** Rides that move passengers in a mild manner.
- Class 2** Standard thrill-type amusement rides.
- Class 3** Amusement rides which do not meet the section Comm Ch. 34.03 requirements for Class 1 or Class 2 rides.
- Modified Class** Amusement rides that have been changed except for changes made by the manufacturer.

NOTE: Amusement rides modified since the last registration shall not be operated until the department has been provided with information to determine the proper maintenance and class of the ride and the owner or operator has obtained a new registration certificate.

AMUSEMENT RIDES - PLAN EXAMINATION, DATA REVIEW, REGISTRATION AND INSPECTIONS

Fees for amusement rides shall be determined in accordance with the following schedule (section Comm Ch. 2.20):

a. Plan examination for new amusement rides tramways (see section Comm 33.01 for definition)	\$ 220.00 per ride
b. Review of engineering analysis and test data associated with the acceptance of amusement rides and bungee jumping sites.....	\$ 225.00 per ride
c. Annual registration for all amusement rides: (see section Comm Ch. 34.01 for definitions) All rides	\$ 50.00 per ride
d. Inspection of coin-operated kiddie rides with a maximum capacity of 3 children	\$ 60.00 per ride
e. Inspection of Class 1 amusement rides	\$ 120.00 per ride
f. Inspection of Class 2 amusement rides, except amusement rides that the manufacturer estimates will require more than 40 hours to erect	\$ 225.00 per ride
g. Inspection of Class 3 amusement rides and amusement rides that the manufacturer estimates will require more than 40 hours to erect	\$ 325.00 per ride
h. Inspection of amusement ride tramways	\$ 400.00 per tramway
i. Inspection of bungee jumping site	\$ 800.00 per site or tower
j. Late registration fee (failure to register amusement ride before opening it to the public)	\$ 160.00 per ride
k. Reinspection fee to gain compliance with department orders if compliance is not met	\$ 225.00 per visit

SAMPLE

A 34.11 PETITION FOR VARIANCE. The following form are available from the Division of Safety and Buildings, P.O. Box (SBD-9890) is referred to in s. Comm 34.11. Copies of this form 7302, Madison, Wisconsin 53707, telephone 608/266-2780.



APPLICATION FOR REVIEW
-Complete all pages-

PETITION FOR VARIANCE

Safety & Buildings Division
Bureau of Integrated Services

This page may be utilized for fax appointments
 Complete and indicate date plans will be in our office _____

1. Facility Information

Facility (Building) Name: _____

Number and Street _____ Zip: _____

Commerce Site Number (if known): _____

Legal Description: _____

County of: _____

() City () Village () Town of: _____

Complete for confirmed appointments*:

Transaction ID: _____

Previous Related Trans. ID: _____

Assigned Reviewer: _____

Assigned Office: _____

Review Start Date*: _____

***Submittal must be received in the office of the appointment no later than 2 working days before the confirmed appointment.**

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

2. Owner Information		Customer #	3. Designer Information		Customer #
Name			Designer		
Company Name			Design Firm		
Number and Street			Number and Street		
City, State, Zip Code			City, State, Zip Code		
Contact Person			Contact Person		
Telephone Number	Fax Number		Telephone Number	Fax Number	

4. Plan Review Status

Plan submitted with petition
 Plan will be submitted after petition determination
 Requesting revision Other: _____

Plan previously review by (please enclose a copy of review letter)
 State Municipality
 Approved Held Denied

Commerce Transaction Number _____

5. State the code section being petitioned AND the specific condition or issue you are requesting be covered under this petition for variance.

6. Reason why compliance with the code cannot be attained without the variance. _____
7. State your proposed means and rationale of providing equivalent degree of health, safety, or welfare as addressed by the code section petitioned.

8. List attachments to be considered as part of the petitioner's statements (i.e., model code sections, test reports, research articles, expert opinion, previously approved variances, pictures, plans, sketches, etc.).

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE
 (See Section Comm 2.52 for complete fee information)

Note: Petitioner must be the owner of the building or system. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition for Variance Application.

_____, being duly sworn, I state as petitioner that I have read the foregoing petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Name (type or print)	Subscribed and sworn to before me this date	Notary Public	My commission expires on
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Complete other side for variance requests from Comm 20-25 and Comm 50-64

MAKE CHECKS PAYABLE TO DEPT. OF COMMERCE Attach check here.	TOTAL AMOUNT DUE	\$ _____
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SBD-9890 (R. 01/02) THIS FORM IS VALID ONLY FROM 01/01/02 TO 06/30/02

A 34.17 (1) BALANCED LOAD TEST. The anthropometric data presented in reference 1 indicates correlation between hip width and body weight. Assuming that the hip width determines the number of persons that can occupy an amusement ride passenger space, the total weight can be estimated from hip width vs. body weight data if the dimensions of the space are known.

Figure 1 represents a conservative estimate of hip width vs. body weight for the American public. This data should be used to determine the weight to be placed in each passenger space when an amusement ride is load tested in accordance with s. Comm 34.17.

Example of the use of this data:

Rated capacity of space.....	3 adults
Hip space.....	46 inches
Hip space per person.....	$\frac{46}{3} = 15.33$ inches
Corresponding body weight.....	187 pounds (see Figure 1)
Total load weight = $3 \times 187 \times 1.75 = 981.75$	

Reference 1: "Personnel Guardrails for the Prevention of Occupational Accidents," Document No. NBSIR 76-1132, Center for Building Technology, Institute of Applied Technology, National Bureau of Standards, Washington, D.C. 20234, July 1976, Final Report.



Figure 1

A 34.41 ACCIDENT REPORTING. The following form (SBD-211) is referred to in s. Comm 34.41 Note. Copies of this form are available from the Division of Safety and Buildings, Bureau of Field Operations, P.O. Box 7302, Madison, Wisconsin 53707, telephone 608/266-2780.



AMUSEMENT RIDE ACCIDENT REPORT

SAFETY AND BUILDINGS DIVISION
Inspection and Safety Support Section
P. O. Box 7302
Madison, Wisconsin 53707-7302
<http://www.commerce.state.wi.us>
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Scott McCallum, Governor
Brenda Blanchard, Secretary

The owner/operator of the amusement ride shall notify the Department of Commerce of every accident involving personal injury which requires medical or first aid attention. (Section Comm Ch. 34.41, Wisconsin Administrative Code)

**THIS FORM MUST BE SUBMITTED WITHIN 2 DAYS AFTER ACCIDENT OR INJURY.
FATALITIES SHALL BE REPORTED WITHIN 24 HOURS. PENALTIES FOR FAILURE TO
REPORT ARE PROVIDED IN SECTION 101.02, WISCONSIN STATUTES.**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Report Date	Accident Date	Carnival or Business Name
Ride Serial Number	Ride Name	
Ride Manufacturer	Ride Location at Accident Time	
Responsible Ride Operator Name	Responsible Ride Operator Address	
Liability Insurance Company Name	Number of People Injured:	
Injured Person(s) Name and Address		
Injured Person(s) or Representative Signature (if possible)		
Extent of Injuries: <input type="checkbox"/> FATAL <input type="checkbox"/> OTHER-SPECIFY:	Was Injured Person(s) Your Employee? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Describe Accident:		
Accident Reporter's Printed Name and Signature	Position	Date Signed

SAMPLE