

# QUALIFIED INSPECTOR STATUS REPORT

K-ISH 518 (Rev. 3-21)

**Return completed form to:**

MAIL: Kansas Department of Labor  
Industrial Safety and Health Division  
417 SW Jackson St.  
Topeka, KS 66603-3327  
FAX: (785) 296-1775  
EMAIL: KDOL.Amusements@ks.gov

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I \_\_\_\_\_, hereby certify that I am a qualified inspector pursuant to K.S.A. 44-1601(n), and amendments thereto, because I meet the following criteria.

**Select all that apply:**

Option 1: I am a licensed professional engineer, as defined in K.S.A. 74-7003, and amendments thereto, and have completed at least two years of experience in the amusement ride field, consisting of at least one year of actual inspection of amusement rides under a qualified inspector for a manufacturer, governmental agency, amusement park, carnival or insurance underwriter, **and** an additional year of practicing any combination of amusement ride inspection, design, fabrication, installation, maintenance, testing, repair or operation.

Option 2: I have a minimum of five years of experience in the amusement ride field, at least two years of which consisted of actual inspection of amusement rides under a qualified inspector for a manufacturer, governmental agency, amusement park, carnival or insurance underwriter, and the remaining experience consisting of any combination of amusement ride inspection, design, fabrication, installation, maintenance, testing, repair or operation.

Option 3: I have completed qualified training from a third party, such as attainment of level I certification from the National Association of Amusement Ride Safety Officials (NAARSO), attainment of level I certification from the Amusement Industry Manufacturers and Suppliers International (AIMS), attainment of a qualified inspector certification from the Association for Challenge Course Technology (ACCT), when applicable, or other similar qualification from another nationally recognized organization. (Does NOT include certification from the Safe Inflatable Operators Training Organization (SIOTO). See Option 4.

Option 4: For purposes of inspecting inflatable devices that are rented on a regular basis and erected at temporary locations, I have provided satisfactory evidence of completing a minimum of five years of experience working with inflatable devices **and** have received qualified training from a third party, such as attainment of an **advanced** inflatable safety operations certification from the Safe Inflatable Operators Training Organization (SIOTO) or other nationally recognized organization.

**The types of amusement rides I am qualified to inspect are:**

\_\_\_\_\_  
\_\_\_\_\_

If I selected Options 1, 3 or 4, my certification(s) expire(s) on (list all):

NOTE: If I did not select Option 2, my qualified inspector status expires when my certification(s) expire.

\_\_\_\_\_  
Signature Date

Yes  No I would like my contact information posted on the KDOL website.

**Please include all supporting certification documents.**