



Department of
**Labor & Workforce
Development**

Workplace
Regulations & Compliance

AMUSEMENT DEVICE UNIT
220 FRENCH LANDING DRIVE
Nashville, TN 37243
Phone 844-224-5818

CONFLICT OF INTEREST DISCLOSURE FORM

*In Tennessee, there is a conflict of interest if the inspector also built, installed, designed or repaired the device. If there is a potential conflict of interest, the inspection report is rejected and no annual permit is issued until a **qualified third party inspector** is obtained and all statutory compliance requirements are met. Program policy requires qualified third party inspectors to clearly identify and reveal the designer, builder, installer and/or repairer.*

*If at the time of the permit application it is unclear that the inspector, builder, installer, designer, repairer of the course are the same person, the administrative staff will immediately contact the inspector and obtain information for the file that clarifies the issue. This information is needed for all amusement devices including aerial adventure parks, trekking parks, team challenge courses, rope courses, canopy tours, zip lines, etc. Inspection reports should include the necessary information or the **qualified third party inspector** should provide an email that contains the necessary information for our file.*

In Tennessee, a qualified third party inspector is certified by ACCT, NAARSO or AIMS. This person is neutral and detached, does not have a financial interest in the company.

Amusement Device Company FAMILY ATTRACTIONS

(POST ACCIDENT AT GREENE COUNTY FAIR)

I, WAYNE WHITE (print name) have read the Conflict of Interest Disclosure Notice above. I certify that I am a neutral and detached third party inspector. I do not have a financial interest in the company (i.e. partner, co-owner or relative). I did not build, install, design or repair the device. **I understand that I am required to apply the latest American Society of Testing Materials (ASTM) Standard to Tennessee Inspections** and to include the proper standard in the inspection report. Inspection reports should also indicate the device is safe and operable on the date of the inspection.

WAYNE WHITE
Printed Name

Wayne White
Signature

8/12/16
Date

*ACCT can only inspect zip lines, aerial adventure parks, canopies, etc., where NAARSO and AIMS are certified to inspect all amusement devices in Tennessee.

WAYNE WHITE
Amusement Device Inspector
701 Schmittou Street
Cumberland Furnace, TN 37051
Amusement Ride and Attraction Inspection Report

Inspection Date: 8/9/2016
Inspection Request: GREENE COUNTY FAIR
123 Fairgrounds Circle
Greeneville, TN 37745
President: Bobby Holt **Contact:** 423-620-2367
Inspection Location: Greene County Fairgrounds

Reference: ACCIDENT INVOLVING FERRIS WHEEL RIDE
At GREENE COUNTY FAIR

Eide Company: FAMILY ATTRACTIONS
1709 A Gornto Rd. Box 379
Valdosta, GA 31601

Ride Company Owner: Dominic Marcone **Contact:** 423-956-9668
Ride or Device Name: GONDOLA FERRIS WHEEL RIDE
Manufactured by: Hi Lite Mfg.
472 Pearson Rd.
Greer, SC 29651

Serial Number: 1H9FW48215G234001

Company Type: Carnival

LOCATION AND INSTALLATION:

Free from adjacent hazards and interference YES
In level position on solid ground YES
Correctly anchored braced or guyed YES
Stairs and walkways in safe and secure condition YES
Fencing and railings YES
Free of unguarded pinch points YES

STRUCTURAL INTEGRITY & SUMMARY:

Carriers - Seats condition **BOTTOM ALUMINUM COVER PLATE UNDERNEATH THE TUB ITSELF (TUB # 8) CAME LOOSE DUE TO WORN RIVETS, WHICH ALLOWED THE PLATE TO DROP DOWN ENOUGH TO CATCH A CROSS MEMBER WITHIN THE STRUCTURE OF THE WHEEL, TIPPING THE TUB AND EJECTING (3) FEMALE CHILDREN. MY ASSESSMENT IS THIS ACCIDENT IS A RESULT OF EQUIPMENT FAILURE DUE TO WORN OUT RIVET FASTENERS. THE BOTTOM PLATE IS MADE OF ALUMINUM DIAMOND PLATE, THE CROSS MEMBER IS 1 ½" SQUARE TUBING.**
Correctly assembled as per mfg. YES

Page 2 of WHEEL REPORT

Free of cracks and excessive wear **ALL BOTTOM TUB PLATES MUST BE REPAIRED WITH NEW ATTACHING RIVETS. ALSO DAMAGE TO THE CROSS MEMBER, (CRACKED WELD)**

Motors, clutches and controls HYDRAULIC DRIVE MOTOR

Condition of Braking system GOOD

Condition of hydraulic system GOOD

ELECTRICAL SAFETY:

Equipment grounded YES

Transformers and generators guarded from public YES

Insulation on wires and cables GOOD WIRING

Switches and controls GOOD

Electrical boxes have covers, latches, and signs YES

Electrical wiring guarded from public YES

Lighting secured and shielded YES

OPERATION:

Operating at MFG. recommendations YES

Operating at MFG load (people) YES

Operating practice observed **NO= OUT OF SERVICE**

MISC. SAFETY ITEMS:

Proper warning signs present YES

Free from hazardous projections YES

Operational, training and manuals on site YES

Fire Extinguishers present YES

INSPECTION RESULTS:

THIS AMUSEMENT DEVICE IS CLOSED UNTIL FURTHER NOTICE.


Wayne White

NATIONAL ASSOCIATION OF AMUSEMENT
RIDE SAFETY OFFICIALS

CERTIFIED

Wayne White



AMUSEMENT RIDE
INSPECTOR

LEVEL I

Number Expiration Date
CN- 3116 03/31/2017


Jonathan Brooks
President


Acknowledged Receipt