

Theme Park Ride Maintenance Checklist Template

 Show only Checklist

Display Style
Default 

Daily Visual Inspection

Quick assessment of ride condition - immediate safety concerns.

Ride Name/Identifier

Write something...

Overall Ride Condition Notes (Appearance, unusual sounds)

Write something...



Restraint Condition

- Excellent
- Good
- Fair
- Poor - Requires Attention

Visual Inspection Temperature (degrees Celsius)

Enter a number...

Potential Issues Observed (select all that apply)

- Cracks
- Corrosion
- Leaks
- Loose Parts
- Unusual Noises
- None

Inspector Signature

Mechanical System Checks

Inspection of gears, chains, belts, and other mechanical components.

Gear Mesh Clearance (mm)

Enter a number...

Chain Tension (mm)

Enter a number...

Belt Deflection (mm)

Enter a number...

Chain/Belt Condition

- Excellent
- Good
- Fair
- Poor

Detailed Notes on Mechanical System Condition

Write something...

Photo of Mechanical Components

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Electrical System Checks

Verification of wiring, sensors, and control systems.

Voltage (V)

Current (A)

Resistance (Ohms)

Sensor Status

- Operational
- Faulty
- Needs Calibration

Wiring Condition

- Good
- Frayed
- Damaged
- Corroded

Last Calibration Date

Time of Last Electrical Test

Hydraulic/Pneumatic System Checks

Inspection of fluid levels, hoses, cylinders, and valves (if applicable).

Hydraulic Fluid Level (inches)

Pneumatic System Pressure (PSI)

Fluid Condition (Appearance)

- Clear
- Cloudy
- Milky
- Dark/Contaminated

Hose Condition

- Good
- Minor Wear
- Cracks/Leaks
- Significant Damage

Cylinder Extension Speed (inches/second)

Enter a number...

Any Unusual Noises or Behavior?

Write something...

Last Hydraulic Filter Change

Enter date...

Structural Integrity Inspection

Assessment of ride supports, track, and overall structure for cracks, corrosion, or damage.

Support Beam Corrosion Measurement (mm)

Description of Any Cracks Observed

Track Alignment Variance (mm)

Detailed Assessment of Weld Points

Overall Structural Condition

- Excellent
- Good
- Fair
- Poor

Photographic Evidence of Damage

 Upload File

Safety Device Testing

Verification of functionality of restraints, emergency stops, and other safety features.

Restraint System Functionality

- Functional
- Needs Adjustment
- Malfunctioning - Out of Service

Emergency Stop Button Functionality

- Functional
- Needs Adjustment
- Malfunctioning - Out of Service

Restraint Force (lbs)

Enter a number...

Last Inspection Date (Safety Sensors)

Enter date...

Time of Safety Sensor Test

Enter time...

Safety Sensor Calibration Status

- Within Calibration
- Out of Calibration - Needs Adjustment

Technician Signature (Safety Device Verification)

Lubrication and Grease Points

Ensuring proper lubrication of moving parts to prevent wear and tear.

Gearbox Oil Level

Enter a number...

Grease Point 1 - Quantity (grams)

Enter a number...

Grease Point 2 - Quantity (grams)

Enter a number...

Grease Type Used

- Lithium Grease
- Polyurea Grease
- Calcium Sulfonate Grease
- Other

Notes on Lubrication

Write something...

Last Lubrication Date

Enter date...

Operational Testing

Short test cycle to ensure all systems operate smoothly and safely.

Start Time of Test Cycle

Cycle Speed (RPM)

Load Capacity (lbs/kg)

Noise Level Assessment

- Normal
- Slightly Elevated
- Elevated - Investigate

Vibration Assessment

- Normal
- Slightly Elevated
- Elevated - Investigate

Observations During Test Cycle

Write something...

End Time of Test Cycle

Enter time...

Documentation & Record Keeping

Recording maintenance activities, findings, and any required follow-up actions.

Date of Inspection

Enter date...

Time of Inspection

Enter time...

Ride Operating Hours Since Last Inspection

Enter a number...

Detailed Notes/Observations

Write something...

Overall Ride Condition (Post-Inspection)

- Excellent
- Good
- Fair
- Poor
- Needs Repair

Inspector Signature

Attach Photo Documentation (if applicable)

 Upload File

Scheduled Preventative Maintenance

Detailed tasks based on manufacturer's recommendations and ride-specific maintenance schedules.

Last Gearbox Oil Change

Enter date...

Motor Operating Hours

Enter a number...

Cycle Counter Reads

Enter a number...

Hydraulic Fluid Level

Normal

Low

High

Supporting Documentation/Photos

 Upload File

Next Brake Pad Replacement (if applicable)

Enter date...

Notes/Observations

Write something...