



Theme Park Safety Inspection Checklist

Ride Operations & Maintenance

Covers daily operational checks, maintenance records verification, and safety device functionality.

Last Ride Inspection Date

Enter date...

Ride Cycle Count (Today)

Enter a number...

Pre-Operation Checklist Completed?

Yes

No

Hydraulic Fluid Level (inches)

Enter a number...

Safety Devices Checked

- Restraints
- Emergency Stop Buttons
- Sensors
- Audio/Visual Warnings

Notes on Ride Condition

Write something...

Time of Inspection

Photo Documentation (if necessary)

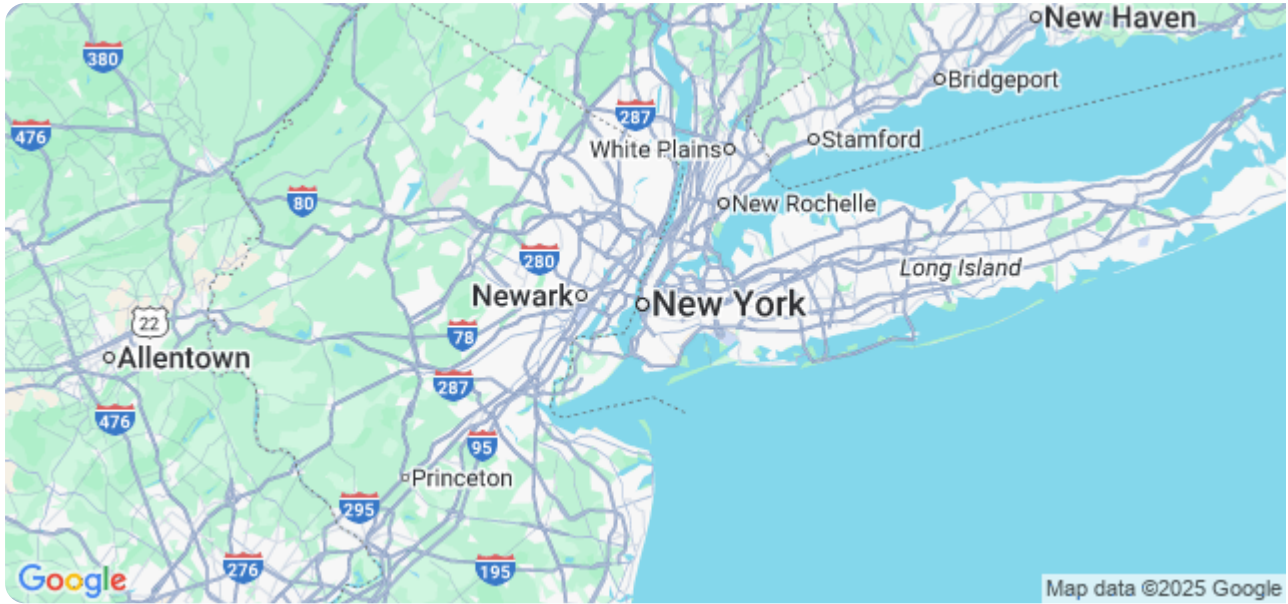
 Upload File

Structural Integrity & Grounds

Assessment of pathways, fencing, building facades, and overall grounds for hazards.

Identify area of cracked pavement

[Set My Current Location](#)



Depth of any potholes (in inches)

Enter a number...

Description of damaged fencing (if any)

Write something...

Identify any tripping hazards (select all that apply)

- Uneven paving
- Overgrown vegetation
- Loose gravel
- Damaged walkways
- None

Height of any overhanging branches (in feet)

Enter a number...

Description of any building facade damage (if present)

Write something...

Date of last grounds maintenance

Enter date...

Attraction Safety Systems

Verification of emergency stop mechanisms, restraint systems, and communication protocols.

Ride Speed (RPM)

Enter a number...

Restraint System Force (lbs)

Enter a number...

Emergency Stop Functionality

- Functional
- Needs Repair
- Out of Service

Safety Device Checks

- Audio Warning System
- Visual Warning System
- Restraint Indicators
- Proximity Sensors

Last System Inspection Date

Enter date...

Time of Last System Test

Notes on System Performance

Write something...

Water Safety (if applicable)

Inspection of pools, water rides, and associated safety measures (depth markers, lifeguard presence, water quality).

Pool Depth (Maximum)

Enter a number...

Water Temperature

Enter a number...

Chlorine/Sanitizer Level (ppm)

Enter a number...

pH Level

Enter a number...

Life Guard Presence

- Present and Attentive
- Present, but Distracted
- Not Present

Water Clarity

- Clear
- Slightly Cloudy
- Cloudy

Last Water Quality Test Date

Enter date...

Last Pool Cleaning Time

Electrical & Mechanical Systems

Checks of wiring, generators, and other crucial systems to prevent malfunctions and hazards.

Generator Fuel Level (Gallons)

Enter a number...

Voltage Reading (Main Panel)

Enter a number...

Last Scheduled Maintenance Date (Generators)

Enter date...

Condition of Emergency Lighting

- Working
- Dim
- Not Working

Critical Systems Tested (Select all that apply)

- HVAC
- Water Pumps
- Backup Power
- Irrigation

Time of Last Power Test

Upload Power Test Logs

 Upload File

Emergency Preparedness

Evaluation of evacuation plans, first aid availability, and communication systems.

Last Evacuation Drill Date

Enter date...

Scheduled Evacuation Drill Time

Number of Trained Emergency Responders

Enter a number...

Emergency Contact Methods Verified?

- Phone
- Email
- PA System
- Radio


Description of current evacuation plan summary

Write something...

Emergency Plan Updates Required?

- Yes
- No

Attach Updated Emergency Plan Document (if applicable)

 Upload File

Guest Safety & Crowd Control

Review of procedures for managing crowds, ensuring clear pathways, and addressing guest concerns.

Estimated Crowd Size (Peak)

Enter a number...

Crowd Management Plan Implemented?

Yes

No

Identify Potential Bottleneck Areas

Entrance Gates

Ride Queue Lines

Food Vendor Areas

Restroom Facilities

Exit Points

Staff Trained in Crowd Management?

Yes

No

Last Crowd Management Drill Performed

Notes on Observed Guest Behavior or Concerns

Write something...

Food & Beverage Safety (if applicable)

Inspection of food handling practices, storage conditions, and sanitation procedures.

Date of Last Food Safety Training

Enter date...

Refrigerator Temperature (°C)

Enter a number...

Freezer Temperature (°C)

Enter a number...

Proper Handwashing Stations Available?

- Yes
- No
- N/A

Allergens Properly Labeled?

- Dairy
- Gluten
- Nuts
- Soy
- Shellfish

Cross-Contamination Prevention Practices Observed?

- Yes
- No
- N/A

Recent Pest Control Report

 Upload File

Any Observations/Corrective Actions Needed

Write something...

Security and Surveillance

Assessment of security personnel, camera placement, and access control measures.

Number of Security Personnel Present

Enter a number...

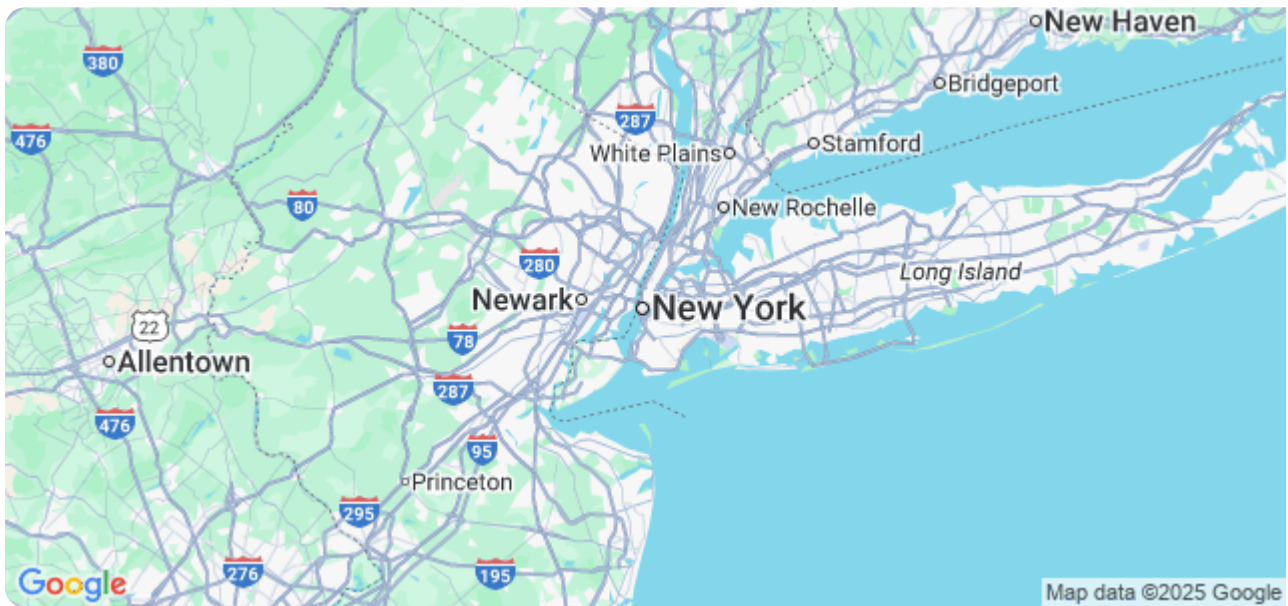
Camera System Functionality

- Fully Operational
- Minor Issues
- Significant Issues
- Non-Functional

Last Camera System Maintenance

Location of Main Security Control Room

[📍 Set My Current Location](#)



Areas Under Surveillance

- Perimeter
- Entrance/Exit Points
- Parking Areas
- Attractions
- Service Areas

Date of Last Security Audit

Enter date...

Description of any Security Concerns Observed

Write something...

Signage and Warnings

Verification of clear and accurate signage for rules, warnings, and safety instructions.

Are all warning signs visible and undamaged?

- Yes
- No
- N/A

Are all directional signs clear and accurate?

- Yes
- No
- N/A

Note any missing or damaged signs:

Write something...

Number of signs requiring replacement:

Enter a number...

Which types of signage are deficient?

- Warning Signs
- Directional Signs
- Informational Signs
- Emergency Exit Signs
- Ride Specific Signs

Location of deficient signage (if applicable):

[📍 Set My Current Location](#)

