

Chapter ILHR 34

AMUSEMENT RIDES AND ATTRACTIONS

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Note: Chapter Ind 47 as it existed on February 28, 1986 was repealed and a new Chapter ILHR 34 was created effective March 1, 1986.

Subchapter I — Purpose and Scope

**ILHR 34.001 Purpose.** The purpose of this chapter is to set forth minimum standards for design, construction, operation, repair, inspection, assembly, disassembly and use of amusement rides and attractions, permanent or temporary structures, at carnivals, fairs and other places of amusement for the safety of employees and frequenters.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.002 Scope. (1) APPLICATION.** The provisions of this chapter shall apply to amusement rides and amusement attractions located at permanent sites or moved from site to site.

**(2) EXCLUSIONS.** The provisions of this chapter do not apply to non-mechanized playground equipment, such as swings, seesaws, stationary

spring mounted animal features, rider propelled merry-go-rounds, climbers, slides, swinging gates and physical fitness devices.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.003 RETROACTIVITY.** The provisions of this chapter shall apply to all amusement rides and attractions in existence on the effective date of this section and to those amusement rides and attractions constructed after the effective date of this section.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

## Subchapter II - Definitions

**ILHR 34.01 Definitions.** In this chapter, the following definitions shall apply.

(1) "Amusement attraction" means any show or exhibition but does not include amusement rides.

(2) "Amusement equipment" means any object used in conjunction with amusement rides or amusement attractions that could be expected to contribute to injury.

Note: Examples of amusement equipment include but are not limited to concession stands, light towers, power-generation and distribution systems, decorations, signs and speaker systems.

(3) "Amusement ride" means a device or animal that carries, transports or supports frequenters in unusual, entertaining or thrilling modes of motion and any vehicle providing entertainment or transportation in conjunction with an amusement ride or an amusement attraction.

Note 1: Examples of amusement rides include but are not limited to rider-powered and power-driven thrill rides, mild rides and ride-throughs, walk-throughs, air pillows, giant slides, rope ladders, and animal rides. Vehicles include parking lot trams, old fire engines, stage coaches, trains and similar vehicles.

Note 2: Amusement rides do not include aircraft under the jurisdiction of the federal aviation administration, railroad trains under the jurisdiction of the federal railroad administration or boats used on navigable waters.

(4) "Approved" means approved by the department.

(5) "Authorized persons" are persons experienced and instructed in the work to be performed and who have been given the responsibility to perform their duties by the owner or operator.

(6) "Coin-operated ride" means any device meeting the definition of amusement ride and requiring the insertion of a coin or token to cause the ride to activate.

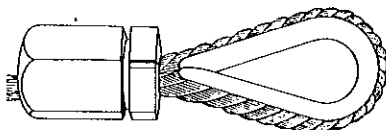
(7) "Concession stand" means a facility in which food and other goods are sold.

(8) "Critical parts" means those parts of amusement rides and attractions where failure could result in serious personal injury.

(9) "Department" means the department of industry, labor and human relations.

(10) "Equivalent degree of safety" means an alternative to strict compliance with this chapter provided the alternative establishes an Register, February, 1986, No. 362

CDD/34/FD



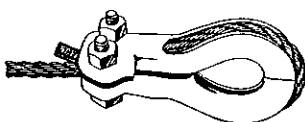
COLLET CONNECTION



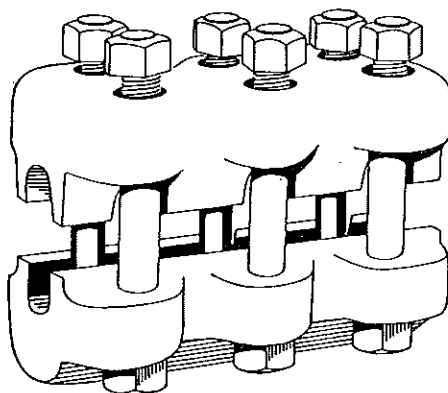
STEEL SWAGING SLEEVE



NON-TAPERED STEEL SLEEVE



CLAMP AND THIMBLE CONNECTION



DOUBLE BASE CLAMP

FIGURE 34.38-2 continued  
WIRE ROPE FASTENERS

## ILHR 34

**ILHR 34.39 Welding.** Welding of structural members and other critical parts of amusement rides and attractions shall comply with the requirements of s. ILHR 53.53.

Note: See Appendix A for reprint of s. ILHR 53.53

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.40 Air compressors and equipment.** Air compressors, air compressor tanks and related equipment shall be constructed, tested, maintained and inspected as specified in chs. ILHR 41 and 42.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.41 Accident reporting.** Injuries to frequenters that require treatment by licensed professional medical personnel or are recorded at a first aid station shall be reported to the department within 10 days of the injury. A copy of the owner's report to the insurance carrier is sufficient if it includes suggestions for prevention of similar accidents.

Note: See Appendix A for a reprint of Form SB-211 - Amusement Ride Accident Report.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.42 Wind and storm hazards.** An amusement ride which is exposed to wind or storms shall not be operated under dangerous weather conditions except to release or discharge occupants.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

**ILHR 34.43 Responsibility of sponsors.** Any person, group or business contracting or leasing for the installation and use of amusement rides or attractions shall carry a condition in a contract or agreement that the amusement ride or attraction owner meets the conditions of this chapter prior to the opening for use by frequenters.

History: Cr. Register, February, 1986, No. 362, eff. 3-1-86.

WISCONSIN DEPT. OF INDUSTRY LABOR & HUMAN RELATIONS  
 DIVISION OF SAFETY & BUILDINGS  
 P.O. BOX 7969, MADISON, WISCONSIN 53707

AMUSEMENT RIDE REGISTRATION

Wisconsin Administrative Code (ss. ILNR 34.04(2) and Ind 69.07)  
 All amusement rides shall be registered with the department  
 each calendar year.

NAME OF RIDE	NAME OF
OPERATION	OWNER
BUSINESS	ADDRESS
ADDRESS	
PHONE	PHONE

**INSURANCE:** Evidence of Worker's Compensation and Liability Insurance (Certificate of Insurance is NOT Required)- Proof of ability to pay damages will be accepted in lieu of a liability policy.

COMPANY	POLICY NO.
WORKERS COMP.	
LIABILITY	

Worker's compensation insurance can be obtained from almost any agency at uniform rates that have been established by the Commissioner of Insurance. An all state endorsement on your present policy is not acceptable unless a schedule of payroll in Wisconsin is filed with the Compensation Rating Bureau, 732 N. Jackson St. Milwaukee, Wisconsin, 53202. PHONE: (414) 276-5476

An employer who has any difficulty in obtaining a policy may apply to the Compensation Rating Bureau, for coverage in the Wisconsin Rejected Risk Pool, at the same rates as other coverage.

ROUTE OR ITINERARY - THIS INFORMATION MUST BE PROVIDED OR REGISTRATION WILL NOT BE PROCESSED.

DATE	LOCATION	ADDRESS	CITY

**FEE:** NUMBER OF RIDES TO BE REGISTERED \_\_\_\_\_

REGISTRATION FEE ATTACHED (\$35.00/RIDE) \_\_\_\_\_  
Registration tags will be sent upon receipt of completed forms and appropriate fees.

**RIDE IDENTIFICATION:** Complete the enclosed listing of rides by name, serial number and owner. Also provide date of latest test of critical parts for class 2 and 3 rides.

WISCONSIN DEPARTMENT OF INDUSTRY LABOR AND HUMAN RELATIONS  
 DIVISION OF SAFETY & BUILDINGS  
 AMUSEMENT RIDE REGISTRATION LIST

1.	RIDE NAME	SERIAL NO.	OWNER	DATE OF LAST TEST**	NAME OF TESTING AGENCY	REGISTRATION NUMBER (To be assigned by Dept.)
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						

\*\* CRITICAL PARTS OF CLASS 2 & 3 RIDES MUST BE NON-DESTRUCTIVELY TESTED EVERY 3 YEARS (s. ILHR34.16) DILLER-SBD-5292(R.03/85)

A34.11 PETITION FOR VARIANCE. The following form (SB-8) is referred to in s. ILHR 34.11. Copies of this form are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

WISCONSIN ADMINISTRATIVE CODE

PETITION FOR VARIANCE OF A RULE IN THE WISCONSIN ADMINISTRATIVE CODE

WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS DIVISION OF SAFETY & BUILDINGS P.O. BOX 7969, MADISON, WI 53707

OFFICE USE ONLY
Petition No.
E-Number
E-

Name of Owner, Building Occupancy or Use, Agent, Architect or Engineering Firm, Company, Tenant Name, if any, Street & No., Street & No., Building Location, Street & No., City, State & Zip, City, State & Zip, City, County, Phone, Plan Number(s) IF KNOWN, Name of Contact Person

1. Rule \_\_\_\_\_ of the Wisconsin Administrative code cannot be entirely satisfied because:
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2. In lieu of complying exactly with the rule, the following alternative is proposed as a means of providing an equivalent degree of safety:
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3. Supporting arguments are:
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VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED

For Fee Information See ILHR 69.15 or Contact The Department at (608)-267-7843

NOTE: Petitioner must be building owner. Tenants, agents, designers, contractors, attorneys, etc. may not sign petition unless a Power of Attorney is submitted with the Petition.

\_\_\_\_\_ being duly sworn, I state as petitioner; that I have read (NAME OF PETITIONER Please type/print) the foregoing petition, that I believe it to be true and I have significant ownership rights in the subject building.

Signature of Owner
Subscribed and sworn to me this date: \_\_\_\_\_
\_\_\_\_\_ County, Wisconsin.

Notary Public
My commission expires: \_\_\_\_\_

SB-8 (R. 12/84)

OFFICE USE ONLY
Date Received, Amount Paid, Receipt No., Department Action, Office of The Secretary, Date



(a) Each manual welder and tacker or welding machine operator shall be retested every 3 years in accordance with s. ILHR 53.53 (6).

(b) Each manual welder and tacker or welding machine operator certificate which has become void due to welding operation interruption exceeding 3 consecutive months or having exceeded the 3-year certificate time limit can be renewed only by retesting at an approved testing laboratory.

(8) **WELD IDENTIFICATION.** Each structurally significant member shall have its welding identified by a distinguishing mark stamped on the member by the certified welders involved.

(9) **CRITERION OF FINAL ACCEPTANCE.** All structural welding is subject to examination by approved inspectors and such inspection shall be the final criterion for conformance and acceptability for the intended use.

(10) **STRUCTURAL WELDING DONE OUTSIDE THIS STATE.** All welding shall conform with the requirements of s. ILHR 53.53 except the requirements of sub. (7). In lieu of operator certification, manufacturers and suppliers of structural steel shall, prior to commencing any welded construction, submit evidence of procedure qualification, if not prequalified, and welder certification that has been approved by an independent testing laboratory which is acceptable to the department. Manufacturers and suppliers are required to keep the welder certification current.

*Note:* The welder certification requirement may be submitted and kept current by having the approved testing laboratory submit a list of certified welders to the department. The submittal may be a part of the materials approval information submitted for s. ILHR 50.25 or may be submitted separately for the manufacturers not having a materials approval.

**A 34.41 Accident reporting.** The following form (SB-211) is referred to in s. ILHR 34.41 Note. Copies of this form are available from the Division of Safety and Buildings, Bureau of Safety Inspection, P.O. Box 7969, Madison, Wisconsin 53707.



AMUSEMENT RIDE  
ACCIDENT REPORT

Safety & Buildings Division  
Bureau of Safety Inspection  
P.O. Box 7969  
Madison, Wisconsin 53707  
(608) 266-2780

The owner/operator of the amusement ride shall notify the Department of Industry, Labor and Human Relations of every accident involving personal injury which requires medical or first aid attention. (LLHR 34.41 Wis. Admin. Code)

THIS FORM MUST BE SUBMITTED WITHIN 10 DAYS AFTER ACCIDENT OR INJURY. PENALTIES FOR FAILURE TO REPORT ARE PROVIDED IN s.101.02 Wis. Stats.

Date of Report:	Date of Accident:	Name of Carnival or Show:
Ride Serial Number:	Name of Ride:	
Manufacturer of Ride:		Location of Ride at Time of Accident:
Name of Operator Responsible for Ride:		Address of Operator Responsible for Ride:
Name and Address of Liability Insurance Company:		Number of Persons Injured:
Names and Addresses of Injured Persons:		

Extent of Injuries: <input type="checkbox"/> Bruises <input type="checkbox"/> Severe <input type="checkbox"/> Other-Specify: <input type="checkbox"/> Broken Bones <input type="checkbox"/> Fatal	Was Injured Person(s) Your Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe to the best of your knowledge the cause of the accident:	
_____	
_____	
_____	

IN YOUR OPINION, WHAT WOULD PREVENT RECURRENCE OF SIMILAR ACCIDENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Reporting:	Position:	Date Signed:
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SB-211 (R.12/85)