Chapter Comm 34

Appendix

AMUSEMENT RIDES AND ATTRACTIONS

The material contained in this Appendix is for clarification purposes only. The notes, illustrations, diagrams and similar material are numbered to correspond to the number of the rule as it appears in the text of the code.

A 34.04 (2) INFORMATION REQUIRED. The following forms (SBD–5292 and SBD–7620) are referred to in s. ILHR 34.04 (2) (d) Note. Copies of these forms are available from the Bureau of Safety Services, Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin, 53707, telephone 608/266–2780.

AMUSEMENT RIDE REGISTRATION

1996

Bureau of Field Operatoins
P.O. Box 7969
Madison, WI 53707
Telephone (608) 266-2780
(7:30 a.m. - 4:00 p.m.)

Sections ILHR 34.04 (1) and ILHR 2.20 of the Wisconsin Administrative Code require that amusement rides be registered with the Department of Industry, Labor and Human Relations each calendar year. Please provide all information requested below. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1) (m)].

Ride Operation Business Name, Address, City, State, Zip Code:	Owner Name (If different from business name)
	Owner Street Address
	City, State, Zip Code
	Owner/Business Telephone Number Owner ( ) Business ( )

The following must be provided to process your registration:

1. Fee calculation and current remittance
2. Proof of insurance
3. Complete Play Date/Itinerary (page 2 of this registration)
4. Amusement Ride Registration Listing (pages 4-5 of this registration)

SAMPLE

1. FEE CALCULATION AND REMITTANCE

A. REGISTRATION

1. Coin Operated/Push Button/Video Rides ..... _____ Rides At $20.00/Ride = $_____
2. All Other Rides ..... _____ Rides At $40.00/Ride = $_____

B. INSPECTION (inspection fees are not required to be paid at time of registration)

1. Class 1 Rides (see reverse side for class) ..... _____ Rides At $75.00/Ride = $_____
2. Class 2 Rides ..... _____ Rides At $140.00/Ride = $_____
3. Class 3 Rides ..... _____ Rides At $200.00/Ride = $_____
4. Amusement Ride Tramways ..... _____ Rides At $250.00/Ride = $_____
5. Bungee Site (rate set per tower or site) ..... _____ Towers At $500.00/ea. = $_____

2. PROOF OF INSURANCE (Name of Insurance Company and Telephone Number): Attach copy of certificate for both.

Worker's Compensation	Telephone Number ( )
Liability	Telephone Number ( )

Evidence of Liability Insurance and Worker's Compensation must be provided. Please attach a photocopy of your policy.

3. AMUSEMENT RIDE REGISTRATION MAY BE REFUSED BY THE DEPARTMENT FOR THE FOLLOWING REASONS:

☐ 1. Unabated Safety Related Orders By DILHR
☐ 2. Outstanding Registration and Inspection Fees
☐ 3. Incomplete Registration Form Or Inadequate Fees
☐ 4. Certificate Of Insurance

SBD-5292 (R. 01/96)

- LIST PLAY DATE OR ITINERARY ON ATTACHED PAGE 3 -

AMUSEMENT RIDE REGISTRATION LISTING
1996

Bureau of Field Operations
Safety Inspection Section
P.O. Box 7969
Madison, WI 53707
Telephone (608) 266-2780

NOTE: Do **not** place **any** entries in the last column at the right. The department will enter that number.

RIDE NAME	SERIAL NO.	OWNER NAME	LAST NON-DESTRUCT TEST DATE (Where Required) AND TESTING AGENCY NAME (Do Not List DILHR)	REGISTR # (assigned by DILHR)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				

SAMPLE

SBD-5292 (R. 01/96)

- PAGE 4: CONTINUE ON PAGE 5 IF NECESSARY -

A 34.11 PETITION FOR VARIANCE. The following form (SBD–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 Department of Industry, Labor and Human Relations

Please type or print.

PETITION FOR VARIANCE APPLICATION

Safety and Buildings Division
P.O. Box 7969
Madison, Wisconsin 53707
(608) 266-1542

OFFICE USE ONLY	Amount Paid	Receipt Number	Petition No.	E-Number

Owner/Petitioner's Name	Building Or Project	Agent, Architect or Engineering Firm
Company	Tenant's Name, If Any	Street Address
Street Address	Location - Street Address	City, State, Zip Code
City, State, Zip Code	City, County	Telephone Number ( )
Telephone Number	Plan Number, If Known	Contact Person's Name

1. The rule being petitioned reads as follows (cite specific rule number and language; one rule per application):

2. The rule being petitioned cannot be entirely satisfied because:

3. The following alternative(s) and supporting information are proposed as a means of providing an equivalent degree of health, safety or welfare as addressed by the rule:

Note: Please attach any pictures, plans, sketches or required position statements.

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE
See Section ILHR 2.52 for complete fee information

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition For Variance Application

_____, being duly sworn, I state as petitioner that I have read the foregoing
Petitioner's Name (type or print)

petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Signature:	Subscribed And Sworn To Before Me This Date:	Notary Public	My Commission Expires On:

SBD-8 (R. 09/92)

A 34.17 (1) BALANCED LOAD TEST. The anthropometric data presented in reference 1 indicates correlation between hip width and body weight. Assuming that the hip width determines the number of persons that can occupy an amusement ride passenger space, the total weight can be estimated from hip width vs. body weight data if the dimensions of the space are known.

Figure 1 represents a conservative estimate of hip width vs. body weight for the American public. This data should be used to determine the weight to be placed in each passenger space when an amusement ride is load tested in accordance with s. ILHR 34.17.

Example of the use of this data:

Rated capacity of space.....3 adults
Hip space.....46 inches
Hip space per person.....$\frac{46}{3}$ = 15.33 inches
Corresponding body weight.....187 pounds (see Figure 1)

Total load weight = 3 × 187 × 1.75 = 981.75

Reference 1: "Personnel Guardrails for the Prevention of Occupational Accidents, "Document No. NBSIR 76–1132, Center for Building Technology, Institute of Applied Technology, National Bureau of Standards, Washington, D.C. 20234, July 1976, Final Report.

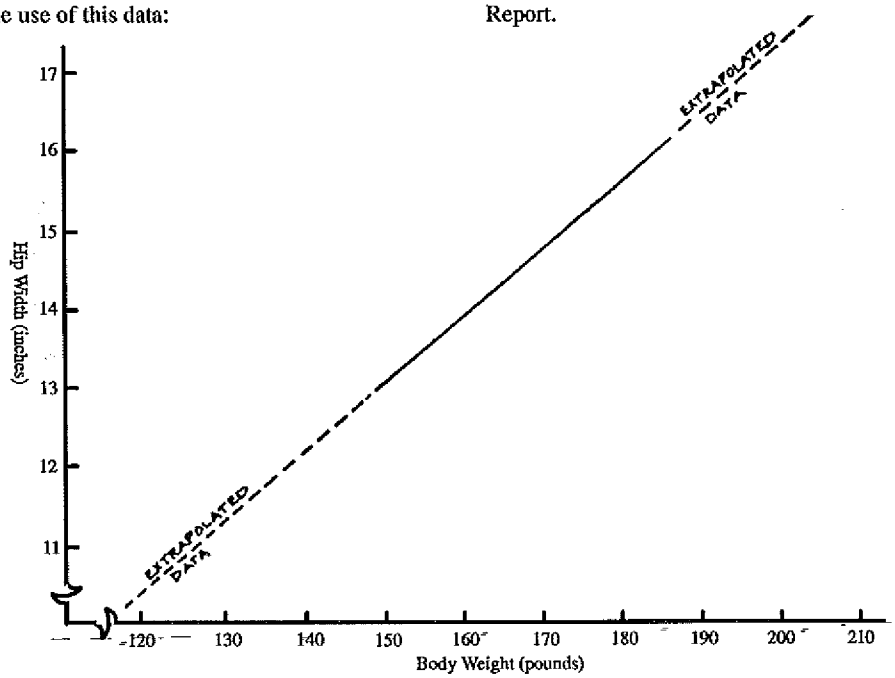

Figure 1

A 34.39 WELDING. The following is a reprint of s. ILHR 53.53 from the Wisconsin Administrative Building and Heating, Ventilating and Air Conditioning Code:

ILHR 53.53 Structural welding of steel. The requirements of this section shall apply to all welds on or between materials within the scope of ss. ILHR 53.50, 53.51 and 53.52.

(1) BASE METALS. Steels to be welded under this code are listed in AWS D 1.1, sections 8.2 and 10.2 or AWS D 1.3, section 1.2.1.

(2) FILLER METALS. Filler metal requirements that are acceptable under this code are listed in AWS D 1.1, section 4.1 or AWS D 1.3, section 5.

(3) WELDING PROCESSES. (a) Manual shielded metal arc, submerged arc, gas metal arc and flux cored arc welding processes conforming with the procedures established in AWS D 1.1, sections 2, 3 or 4 shall be considered as prequalified and are approved for use without performing procedure qualification tests.

(b) Electroslag and electrogas welding processes will not be considered as prequalified. They may be used provided a procedure is developed and provided it conforms to the applicable provisions of AWS D 1.1, sections 2, 3 or 4.

(4) WELDING PROCEDURES. (a) *Procedure specification.* All welding procedures shall be prepared as a written procedure specification. This written procedure specification shall be prepared by the manufacturer, fabricator or contractor and shall be made available to the department or its designated testing agent prior to commencing a weld test.

(b) *Procedure qualification.* All joint welding procedures shall be previously qualified by tests as prescribed in AWS D 1.1, section 5.6, except for the prequalified procedures exempted in sub. (3) (a). The test shall be conducted by the department or its designated testing agent. The test results of a test conducted by a designated testing agent shall be submitted by the agent to the department for approval.

(5) DESIGN OF WELDED CONNECTIONS AND JOINTS. The details of all joints shall comply with the requirements of AWS D 1.1, section 2 and section 10, parts C and D. All joint forms, except those specified in AWS D 1.1, section 2 and section 10, parts C and D, may not be used unless qualified to the satisfaction of the department.

(a) *Stud welding.* Stud welding shall be done by a procedure qualified in accordance with the requirements of AWS D 1.1, section 4, part F.

(6) OPERATOR QUALIFICATIONS. (a) Except as provided in (b), all structural welding work shall be performed by persons registered in accordance with s. Comm 5.34.certified.

(b) A person who holds a valid credential as a certified welder that was issued by the department prior to November 1, 1996, may continue to perform structural welding until the expiration of his or her current certification.

(8) WELD INDICATION. Each structurally significant member shall have its welding identified by a distinguishing mark stamped on the member by the registered welder or 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.

A 34.41 ACCIDENT REPORTING. The following form (SBD–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 Services, P.O. Box 7969, Madison, Wisconsin 53707, telephone 608/266–2780.

AMUSEMENT RIDE ACCIDENT REPORT

Safety & Buildings Division
Bureau of Safety Inspection
P.O. Box 7969
Madison, WI 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. (Section ILHR 34.41 Wisconsin Administrative Code)

THIS FORM MUST BE SUBMITTED WITHIN 2 DAYS AFTER ACCIDENT OR INJURY. FATALITIES SHALL BE REPORTED WITHIN 24 HOURS. PENALTIES FOR FAILURE TO REPORT ARE PROVIDED IN SECTION 101.02 WISCONSIN STATUTES.

Report Date	Accident Date	Carnival or Business Name
Ride Serial Number	Ride Name	
Ride Manufacturer	Ride Location at Accident Time	
Responsible Ride Operator Name	Responsible Ride Operator Address	
Liability Insurance Company Name		Number of People Injured

Injured Person(s) Name and Address

SAMPLE

Injured Person(s) or Representative Signature (if possible)

Extent of Injuries:	Was Injured Person(s) Your Emloyee?
☐ FATAL ☐ OTHER-SPECIFY	☐ YES ☐ NO

Describe Accident

Accident Reporters Signature	Position	Date signed

SBD-211 (R. 06/92)