

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.

APPENDIX

AMUSEMENT RIDE REGISTRATION

1994

Bureau of Safety Services
P.O. Box 7969

Madison, WI 53707

Telephone (608) 266-2780

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.

Ride Operation Business Name & Address	Owner Name (if different than 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 remittance
2. Proof of insurance
3. Amusement Ride Registration Listing (Form SBD-7620)
4. Complete Play Date/Itinerary (page 3 of this registration)

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 _____ 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) _____ Rides at \$500.00/ea. = \$ _____

2. Proof of Insurance (Name of Insurance Company and Telephone Number)

Worker's Comp.	Telephone
Liability	Telephone

Evidence of Liability Insurance and Worker's Compensation must be provided. Please attach a photocopy of your policy. Proof of ability to pay damages will be accepted in lieu of liability insurance.

AMUSEMENT RIDE REGISTRATION MAY BE REFUSED BY THE DEPT. 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. Inadequate Proof of Insurance |

SBD-5292 R. 12/93

LIST PLAY DATE OR ITINERARY ON ATTACHED PAGE 3

AMUSEMENT RIDE REGISTRATION LISTING

1994

Bureau of Safety Services
 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

CONTINUE ON ATTACHED PAGE 2 IF NECESSARY
 SBD-7620 (R.12/93)

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A 34.11 PETITION FOR VARIANCE. The following 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

**PETITION FOR VARIANCE
APPLICATION**

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

Please type or print.

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:

SAMPLE

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:
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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.

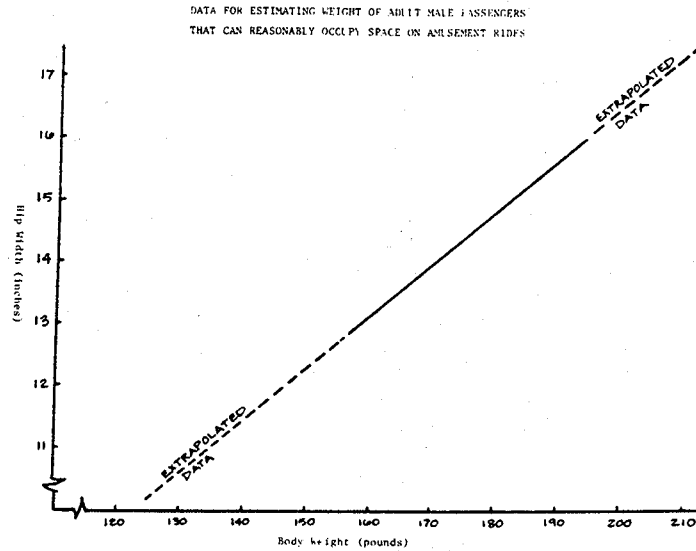
Figure 1 represents a conservative estimate of hip width vs. body weight for the American public. This data should be used to determine the weight to be placed in each passenger space when an amusement ride is load tested in accordance with s. ILHR 34.17.

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 = $3 \times 187 \times 1.75 = 981.75$

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.



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

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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.** All structural welding work shall be done by certified [as defined in sub. (7)] welders. The required qualification test shall be conducted by the department or its designated testing agent. The weld test report of a test conducted by a designated testing agent shall be submitted by the agent to the department for evaluation. Test specimens shall be submitted when requested by the department.

(a) The manual welders shall be tested and qualified in accordance with AWS D 1.1, section 5, part C or AWS D 1.3, section 6.

(b) The manual tackers shall be tested and qualified in accordance with AWS D 1.1, section 5, part E.

(c) The welding machine operator shall be tested and qualified in accordance with AWS D 1.1, section 5, part D.

(7) **OPERATOR CERTIFICATION.** The department will issue to the welder or welding machine operator who has successfully passed the prescribed qualification tests, a certificate bearing his name, social security number, identifying mark, the process, the procedure specification number and other pertinent information from his qualification test. This certificate will remain in effect for 3 years provided the operator is continuously engaged in welding operations without an interruption of more than 3 consecutive months. If the interruption exceeds 3 consecutive months, the certificate shall automatically become void.

(a) Each manual welder and tacker or welding machine operator shall be retested every 3 years in accordance with sub. (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 this section, 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 50.19 or may be submitted separately for the manufacturers not having a materials approval.

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: <input type="checkbox"/> FATAL <input type="checkbox"/> OTHER-SPECIFY	Was Injured Person(s) Your Employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Describe Accident		
Accident Reporters Signature	Position	Date signed