

# ADIPS

Amusement Devices Inspection Procedures Scheme

## Declaration of Operational Compliance (DOC) by a Registered Inspection Body

of an Amusement Device in accordance with Section D of  
*Fairgrounds and Amusement Parks – Guidance on Safe Practice* HSG 175

Controller:   
Assn. Memb. No.:

Address:

Name of Device   
ADIPS ID No.   
Generic Name & Description:

	2006	2005
D.O.C. (STICKER) No's:	E	D
Expiry Dates (no later than):	<input type="text"/>	<input type="text"/>

Inspection Body's Ride No:   
Inspection Body's Ref. No:

Assn. Machine Serial No:

Manufacturer:   
Manufacturer's Serial No:

Date of Manufacture:

Date of Importation:

It has been confirmed to us by the controller and/or his representative (name) .....that at the date of this DOC:

- All information known to the above, regarding modifications, repairs and safety issues or incidents, that have occurred since the issue of any previous DOC and that may be relevant to the safety of the device, has been notified to the appointed Inspection Body.

I further confirm that, as far as reasonably practicable:

- Subject to and relying upon the contents of the Examination Reports listed below, the safety critical aspects of the device, at the time of inspection, have not deteriorated to an extent that is likely to cause danger, provided that the device is maintained and operated in a safe and proper manner.
- The industry required documents relating to any safety critical modifications (that have been notified to us) have been appended to the Operations Manual.
- The reports of Design Review, Assessment of Conformity to Design and initial Test (or a Design Maturity Risk Assessment) are in place and available.
- The device has been upgraded where necessary to minimise danger as advised by Industry Technical Bulletins or HSE guidance specifically relating to this device.

This DOC is issued by and on behalf of:

ADIPS Registration Number:

Signed..... Date.....

Print Name.....

The Reports and Certificates listed below are in place and available (or in the case of a new device) will be forwarded within 28 days.

Discipline	Name of Inspection Body	Report Ref. No	Expiry Date
Report of Design Review or Maturity Risk Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Report of Conformity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Report of Initial Test	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanical/Structural T.E.R	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical T.E.R.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Functional Test Report	<input type="text"/>	<input type="text"/>	<input type="text"/>
N.D.T. Report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pneumatic Test Report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hydraulic Test Report	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (State Discipline)	<input type="text"/>	<input type="text"/>	<input type="text"/>