



Tennessee Department of Labor and Workforce Development
 Workplace Regulations and Compliance Division | Amusement Device Unit

Annual Amusement Device Inspection Report

Please send the completed Annual Amusement Device Inspection Report with supplemental attachments to Jennifer.b.murphy@tn.gov or mail to Amusement Device Unit (Attention: Jennifer Murphy), 220 French Landing Drive 2-B, Nashville, TN 37243.

Owner Information

Owner / Primary Contact	Company	Phone Number(s)
Email Address(es)	Mailing Address	County

Inspector Information

Inspection Conducted for	Inspector	Certifying Agency	Certification Expiration Date
Phone Number	Email Address	Mailing Address	

By signing below, I hereby certify that the devices were inspected with the latest standards set forth by the American Society for Testing Material (ASTM), Association for Challenge Course Technology (ACCT) and/or other approved standards by the state of Tennessee. I am duly certified by the agency selected above and have no conflict and/or financial interest in the company or devices inspected.

Meets Industry Standards? Yes No ASTM ACCT _____ # of Device(s)

Read and followed manufacturer's bulletins, alerts and notices? Yes No

Signature: _____ Date: _____