

Submission #

Health & Fitness Application
Waterpark Supplement
(A Copy of this Page is Required for Each Location)

Location #: _____

Address: _____

How are water elements secured in the off-season? _____

When are inspections performed? Daily Weekly Monthly Annually

Is there a periodic inspection done by an independent inspector? No Yes

If yes, by who? _____

Number of Lifeguards: _____

Lifeguards trained and certified by: Ellis & Associates American Red Cross Other: _____

Employees licensed or certified by the state? No Yes

Are hazardous or toxic materials stored on premises? No Yes

If yes, please explain how and where: _____

ATTRACTIONS

Slides

Type of Slide	Name	# of Flumes	Kind of finish	length	width	Built on hill	Built on stilts	# of attendants top	# of attendants bottom
						<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
						<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
						<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
						<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
						<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Is anything used to assist the participants in going down the slide? No Yes

If yes, identify the slide(s) and what is used: _____

Landing Areas

Kind of Landing Area:			Depth	Area	Water Level of Landing Area:		
Pool	Lake	Other			Above end of flume	even with end of flume	below end of flume
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Attractions

Please include all other water attractions (i.e. wave pools, kiddie pools, swimming pools, diving boards, lakes, streams, as well as non-water attractions such as play areas, picnic areas, etc)

Description (include height & width if applicable)	Manufacturer	Serial Number (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature: _____

Date: _____