AMUSEMENT & COMMERCIAL SUPPLIER REGISTER

SHOW NAME _____ **SHOW DATE** _____

NAME OF OPERATOR	RIDE/DEVICE/EXHIBIT	CERTIFICATE OF CURRENCY			SHOW NOTED AS INTERESTED PART ON CERT.	NAME OF INSURER	DEVICE REGISTRATION NUMBER	WORKCOVER WORKSAFE Certificate #	SIGNATURE OF OPERATOR
		Sighted	Copy	Expiry					
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				
		☐Y ☐ N	☐Y ☐ N		☐Yes ☐ No				

SHOW OFFICER NAME _____ **SHOW OFFICER SIGNATURE & DATE** _____

PLEASE NOTE

1. **SHOWS ARE TO RECORD ALL INCIDENTS IN THEIR INCIDENT REPORT BOOK AND NOTIFY SIDESHOW OPERATOR AND THE ASC OFFICE OF ANY INCIDENTS REPORTED TO THEM**

Version: June 2022