

## Quarterly Injury Report Amusement Ride Safety Inspection and Insurance Act (AR-800)

In accordance with chapter 2151, Amusement Ride Safety Inspection, and Insurance Act of the Texas Occupations Code and 28 Texas Administrative Code (TAC) section 5.9001 – 5.9014, the following report of injury related to an amusement ride in any state resulting in death or requiring medical treatment as defined in the Act, is hereby made for the calendar year quarter.

### Owner / Operator information

From \_\_\_\_\_ to \_\_\_\_\_

Owner / operator(insured) \_\_\_\_\_

Address \_\_\_\_\_

Signature of owner/operator \_\_\_\_\_

Number of injuries requiring medical treatment or deaths relating to an amusement ride \_\_\_\_\_

### Important notes:

- The quarterly injury report must be filed with the department and maintained for two years at the location where the ride is operated and be available for inspection by a municipal, county, or state law enforcement official.
- Complete the section below for each reported death or injury.
- If no injuries were sustained, a report is not required.

### Injury report

1. Date of injury \_\_\_\_\_

Amusement ride name \_\_\_\_\_ Serial number \_\_\_\_\_

Sex / age of injured person \_\_\_\_\_ Name of injured \_\_\_\_\_

Body part injured \_\_\_\_\_

Description / type of injury \_\_\_\_\_

Cause of injury \_\_\_\_\_

Other circumstances – if appropriate \_\_\_\_\_

2. Date of injury \_\_\_\_\_  
Amusement ride name \_\_\_\_\_ Serial number \_\_\_\_\_  
Sex / age of injured person \_\_\_\_\_ Name of injured \_\_\_\_\_  
Body part injured \_\_\_\_\_  
Description / type of injury \_\_\_\_\_  
Cause of injury \_\_\_\_\_  
Other circumstances – if appropriate \_\_\_\_\_
3. Date of injury \_\_\_\_\_  
Amusement ride name \_\_\_\_\_ Serial number \_\_\_\_\_  
Sex / age of injured person \_\_\_\_\_ Name of injured \_\_\_\_\_  
Body part injured \_\_\_\_\_  
Description / type of injury \_\_\_\_\_  
Cause of injury \_\_\_\_\_  
Other circumstances – if appropriate \_\_\_\_\_
4. Date of injury \_\_\_\_\_  
Amusement ride name \_\_\_\_\_ Serial number \_\_\_\_\_  
Sex / age of injured person \_\_\_\_\_ Name of injured \_\_\_\_\_  
Body part injured \_\_\_\_\_  
Description / type of injury \_\_\_\_\_  
Cause of injury \_\_\_\_\_  
Other circumstances – if appropriate \_\_\_\_\_
5. Date of injury \_\_\_\_\_  
Amusement ride name \_\_\_\_\_ Serial number \_\_\_\_\_  
Sex / age of injured person \_\_\_\_\_ Name of injured \_\_\_\_\_  
Body part injured \_\_\_\_\_  
Description / type of injury \_\_\_\_\_  
Cause of injury \_\_\_\_\_  
Other circumstances – if appropriate \_\_\_\_\_

**Reproduce this sheet as many times as needed**

## Questions?

Call the Amusement Rides Program at 512-676-6750 or email [amusements@tdi.texas.gov](mailto:amusements@tdi.texas.gov).

## How to submit this form

For Texas Department of Insurance inspections, mail or email the completed form to:

Texas Department of Insurance  
Amusement Rides Program, PC-INSP  
P.O. Box 12030  
Austin, TX 78711-2030  
Email: [amusements@tdi.texas.gov](mailto:amusements@tdi.texas.gov)