



**Department
of Labor**

WORKING FOR YOU

**Ride inspected by NYS Dept. of Labor
Industry Inspection Bureau**

Device Name

S/N

Inspected By

Date

Passed Inspection

Yes

No

<https://dol.ny.gov/ride-safe-ny>

SH 76 (12/25)

Insp. By _____ Date _____
Passed _____ Yes _____ No

Insp. By _____ Date _____
Passed _____ Yes _____ No

Insp. By _____ Date _____
Passed _____ Yes _____ No

Insp. By _____ Date _____
Passed _____ Yes _____ No