



INSTITUTIONAL TRAMPOLINE COURT INSPECTION CERTIFICATION

Version 2025-04-01

SITE ADDRESS	_____
JOB NAME	_____
BUILDING PERMIT	_____
MECHANICAL PERMIT	_____
NAME OF COURT	_____

THE FOLLOWING INSPECTIONS WERE PREFORMED BASED ON THE CURRENT EDITION OF ASME F2970 OF THE CURRENT BUILDING CODE IN WHICH THE PERMIT WAS APPLIED UNDER

1. TRAMPOLINE SERIAL NUMBER

- ☐ As-Built Drawings and Records confirmed on-site and reviewed
- ☐ Manufacturer Name Plate Installed on Trampoline
- ☐ Patron Containment Area Inspected
- ☐ Security of Patron Containment System Inspected
- ☐ Patron Weight Signage Installed
- ☐ Device Use Zone Inspected
- ☐ Yes ☐ No Tempered Glass Wall Part of Containment Area?
- ☐ Netting (Barrier/Mesh) Inspected
- ☐ Dismount Area Inspected
- ☐ Impact Attenuation Material Inspected
- ☐ Assembly Area Inspected
- ☐ Obstructions Within the Trampoline Court and Assembly Area Inspected
- ☐ Trampoline Foam Pits Inspected
- ☐ Trampoline Frames Inspected
- ☐ Trampoline Bed Inspected
- ☐ Suspension System Inspected

- ☐ Patron Barriers Inspected
- ☐ Yes ☐ No Fans Located within or Directly Adjacent to the Boundaries of the Trampoline Court
- ☐ Chains and Related Accessories Inspected
- ☐ Wire Rope (Excludes Fiber, Synthetic, Rope, Line etc.) Inspected
- ☐ Rope (Includes, but not limited to Fiber, Synthetic Rope, Line etc.) Inspected
- ☐ Welding Inspected
- ☐ Fasteners Inspected
- ☐ Inflatable Impact Attenuation Systems Inspected
- ☐ Yes ☐ No Major Modifications Made. If Yes, Provide Manufactures Written Approval

2. CERTIFICATIONS ATTACHED (REVIEWED)

- ☐ Containment Net or Small Mesh Material
- ☐ Redundant Barrier Netting
- ☐ Impact Attenuation Material
- ☐ Trampoline Court Bed
- ☐ Trampoline Court Foam Pit
- ☐ Inflatable Impact Attenuation System

DATE OF INSPECTION(S) _____

I CERTIFY THAT THE INSTALLATION MEETS ALL THE REQUIREMENTS OF ASME F2970 AND I'M CERTIFIED TO PERFORM THESE INSPECTIONS IN THE STATE OF VIRGINIA

SIGNATURE OF AMUSEMENT DEVICE INSPECTOR

☐ By checking this box, I agree to electronically signing this form.

DATE

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT AMUSEMENT DEVICE NUMBER