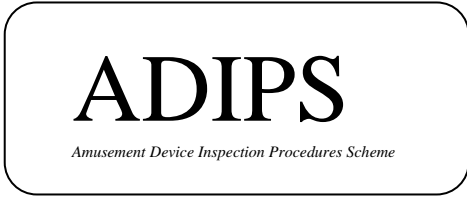


FORM A. (Fields of Competence)



**RULES FOR THE ACCREDITATION OF BODIES PERFORMING  
INSPECTION OF COIN OPERATED DEVICES WITHIN THE A.D.I.P.S.  
SCHEME**

**COMPANY**

**NAME OF INSPECTOR**

**DATE**

DISCIPLINE					
INSPECTION TYPE	SIMULATOR MECHANICAL	SIMULATOR ELECTRICAL	STATIC BASE RIDE MECHANICAL	STATIC BASE RIDE ELECTRICAL	SLOWMOVING BATTERY POWERED MINI CAR
<b>INITIAL TEST</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY
<b>THOROUGH EXAMINATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY	INSPECTION CATEGORY

If the named inspector claims competence for a specific discipline within a particular inspection type, tick the upper box and write the claimed qualification group in the lower box . The possible groups are: 1/Qualified Inspector or 2/ Inspector requires frequent supervision.The definition of these groups and the minimum requirements are to be found in the appropriate Service Quality Schedule, parts 2 & 5. For each of these inspection categories fill in details in FORM B.