



# HAUNTED ATTRACTION QUESTIONNAIRE

(use with Special Event application if short term operation or use with Tourist Attraction application if annual operation)

- 1. Applicant Name: \_\_\_\_\_
- 2. Dates of operation: \_\_\_\_\_
- 3. Hours of operation: \_\_\_\_\_
- 4. Website: \_\_\_\_\_
- 5. If your attraction is seasonal, do you use the same facility each year?  Yes  No  
 If not, please describe as temporary types of operations may not be eligible for our program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6. Please provide the following:
  - Anticipated total attendance: \_\_\_\_\_
  - Annual admission receipts: \_\_\_\_\_
  - Annual food and beverage receipts: \_\_\_\_\_
  - Annual gift shop receipts: \_\_\_\_\_
  - Other, including description: \_\_\_\_\_

### INDOOR ATTRACTIONS:

- 7. Do you meet NFPA 101 life safety code?  Yes  No
- 8. Have you undergone a compliance inspection by the fire department or local authority?  Yes  No
- 9. Have you obtained an operating permit?  Yes  No
- 10. Are there elevation changes that guests need to traverse such as steps and stairs?  Yes  No  
 If so, are there handrails and one-way traffic rules during normal operations?  Yes  No  
 Width at least 36" wide?  Yes  No  
 Illuminated?  Yes  No
- 11. Are emergency exits identified and well lit?  Yes  No

### ALL ATTRACTIONS:

- 12. Are internal combustion engines used?  Yes  No  
 If yes, describe including safety precautions: \_\_\_\_\_  
 \_\_\_\_\_
- 13. Are groups and/or guests separated by time periods to avoid overcrowding?  Yes  No

14. Is anything thing thrown or splashed on guests?  Yes  No  
 If yes, describe including safety precautions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Are strobes used?  Yes  No  
 if so, warnings regarding seizure risks?  Yes  No
16. How many years in operation and were they all in the same location as currently? \_\_\_\_\_
17. Are waivers required?  Yes  No  
 If so, please send copy
18. Describe onsite medical: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Describe onsite security: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
20. Do you have written emergency plans and train staff on these each year?  Yes  No
21. Are staff located throughout the attraction to aid in emergencies?  Yes  No
22. Are candles or pyrotechnics used?  Yes  No  
 If so, please describe safety protocol: \_\_\_\_\_  
 \_\_\_\_\_
23. Will there be slides?  Yes  No  
 If so, please provide number and size along with safety protocol: \_\_\_\_\_
24. Are employees instructed not to have physical contact with guests?  Yes  No  
 if No, please describe or attach your rules and procedures: \_\_\_\_\_  
 \_\_\_\_\_
25. Do you offer "Extreme Haunt" experiences for guests?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Please check the special effects and devises used:

- Live insects or animals       Smoke machines       Movable floors  
 Fire or open flames       Real swords or knives  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date