



Commonwealth of Massachusetts

Recreational Tramway Board

DYNAMIC TESTING SCHEDULE

Please send schedule to:
 Department of Public Safety, Recreational Tramway Board, 1 Ashburton Place, Room 1301, Boston, MA 02108
 Tel: 617-727-3200 Fax: 617-248-0813 Web: www.mas.gov/dps

Ski Area Name: _____ Location #: MA-_____ Date Submitted: _____

	RTB #	LIFT NAME	PROPOSED TEST DATE	COMPLETED DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**A copy of this schedule should accompany the inspection report each year. Enclose a copy of the lift dynamic tests along with this report. Any changes to the test schedule should be made using a new Dynamic Test Schedule form.*

All testing shall be performed in accordance with 526 CMR 10.14.

I hereby swear, under the pains and penalties of perjury, that all information set forth on this document and submitted in support hereof is true and accurate to the best of my knowledge.

_____/_____
 Signature/Printed Name of Owner/Operator

 Date

Owner/Operator Address: _____

Tel #: _____