



# Commonwealth of Massachusetts

## Recreational Tramway Board

### NON-DESTRUCTIVE TESTING REPORT

Please send report 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/Address: \_\_\_\_\_ Location #: MA-\_\_\_\_\_

	RTB #	LIFT NAME	MANUFACTURER	TEST DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

*\* Enclose a copy of the lift non-destructive test reports along with this form. The tests reports must include the information above as well as 1) the name and address of the firm that conducted the test, 2) type of NDT performed and description of the test equipment, 3) results and criteria used for acceptance or rejection of the parts, 4) the part name, part number and quantity of each part that was inspected, 5) drawing or photograph showing the part tested, 6) a detailed sketch of the part repaired, repair method used and the results of the retest, and 7) the signature of the certified NDT Examiner performing the test and interpreting the results. All testing shall be performed in accordance with 526 CMR 10.06.*

***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 NDT Examiner

\_\_\_\_\_  
 Date

NDT Examiner Certification #: \_\_\_\_\_

Tel #: \_\_\_\_\_