



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

CERTIFIED INSPECTOR'S REPORT FOR AMUSEMENT DEVICES

*An alternate form may not be used, however supplemental information may be attached.
The following report is submitted in compliance with 520 CMR 5.02.11 established by the Office of
Public Safety & Inspections (OPSI).*

(Print name of Inspector)

(Inspector Phone Number)

(Inspector E-Mail Address)

(Amusement Company Phone Number)

(Inspector Website Address)

(Inspector Fax Number)

(Print Name of Amusement Company)

(Amusement Company Contact Name & Title)

(Amusement Company Street Address)

(Amusement Company City, State, Zip Code)

The following information must accompany this report (*please check ✓ as attached*):

- ☐ A complete list of all items found that were not in compliance, for each device, and the current status of those items. Each item shall include the name of the device and the Massachusetts identification number (USID number).
- ☐ The Non-Destructive Testing (NDT) report from an individual certified to perform NDT in accordance with Section V and IX of the ASME Code.
- ☐ Have overhauls as required by the manufacturer been performed? ☐ YES ☐ NO ☐ N/A

This report shall be provided to the amusement company owner and the OPSI before a license may be issued to the owner.

I certify under the penalties of perjury that to the best of my knowledge and belief that the devices listed on the following page are in compliance with 520 CMR 5.00. I have personally inspected these devices in accordance with 520 CMR 5.00.

(Signature of Inspector)

(Date of Inspection)

(Print Name)

(Massachusetts Certificate of Competency Number \ Expiration)

CERTIFIED INSPECTOR'S REPORT

Certified Inspector's Supplemental Information Form

Note: License will not be issued unless this document has been completed and signed by the inspector.

USID Number	Name of Device	Check off All Items completed	Note items of non-compliance and what was done to bring the device into compliance?
		Verified Manufacturer Data Report <input type="checkbox"/> Viewed Repair / Maintenance Logs <input type="checkbox"/> Last Date of Entry _____ All Manufacturer required maintenance performed in last year <input type="checkbox"/> All Ride Bulletins complied with <input type="checkbox"/> Ensured Owner has proper manual <input type="checkbox"/> NDT Performed <input type="checkbox"/> If Yes (√) When _____ Who _____	
		Verified Manufacturer Data Report <input type="checkbox"/> Viewed Repair / Maintenance Logs <input type="checkbox"/> Last Date of Entry _____ All Manufacturer required maintenance performed in last year <input type="checkbox"/> All Ride Bulletins complied with <input type="checkbox"/> Ensured Owner has proper manual <input type="checkbox"/> NDT Performed <input type="checkbox"/> If Yes (√) When _____ Who _____	
		Verified Manufacturer Data Report <input type="checkbox"/> Viewed Repair / Maintenance Logs <input type="checkbox"/> Last Date of Entry _____ All Manufacturer required maintenance performed in last year <input type="checkbox"/> All Ride Bulletins complied with <input type="checkbox"/> Ensured Owner has proper manual <input type="checkbox"/> NDT Performed <input type="checkbox"/> If Yes (√) When _____ Who _____	

I certify, under the penalties of perjury that, to the best of my knowledge and belief, the devices listed on the following page are in compliance with 520 CMR 5.00. I have personally inspected these devices in accordance with 520 CMR 5.00.

(Signature of Inspector)

(Print Last Name)

(Date of Inspection)

(Massachusetts Certificate of Competency Number \ Expiration)