

Commonwealth of Massachusetts Division of Occupational Licensure

MA License No.	

Office of Public Safety & Inspections

Climbing Wall Facility Inspection Summary

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

An alternate form may not be used, however supplemental information may be attached. The following report is submitted in compliance with 520 CMR 5.15 established by the Office of Public Safety & Inspections (OPSI).

(Inspection Company Name)	(Organization/Site Name)			
(Inspection Company Address)	(Climbing Wall USID Number)			
(Inspection Company Phone Number)	(Climbing Wall Facility Conta	act Person)		
(Inspection Company Fax Number)	(Climbing Wall Facility Phon	e Number)		
(Inspection Company E-Mail)	(Climbing Wall Facility E-Ma	nil Address)		
Note:				
I hereby certify, under pains and penalties of climbing wall facility elements employing fall penalties following pages are in compliance with 520 Deficiency Report and that I have personally	ified inspector. perjury, that, to the best of my know protection systems and the related ed. CMR 5.15, except where noted on t	ledge and belief, the quipment listed on the he accompanying		
(Print Certified Inspector's Name)	(Date of Inspection)	(Date Submitted)		
(Certified Inspector's Signature)	(MA Certified Inspector Num	her and Exniration Date)		

Review Checklist		Submitted	
	Yes	No	
Operations Manual			
Certified inspector's report from the previous year (if applicable).			
Maintenance repair log (if any).			
Manufacturer's Safety Bulletins (if any).			
Accident\Incident Report Forms.			
Emergency Action Plan.			
Dailey Equipment Inspection Log contains:			
A complete list of equipment to be inspected, on a daily basis.			
Each log entry, signed and dated by a Climbing Wall Facility Staff member.			
• Inspection records for 12 months (<i>since the last inspection</i>).			

Certified Inspector's Deficiency ReportComplete list for any items determined to be out of compliance with 520 CMR 5.00 and \or inspection standards.

No.	Name of Deficient Component or Structure	Reason for Deficiency	Action Plan to Correct Deficiency

Mail completed form and attachments to: