



**Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**Office of Public Safety & Inspections**

MA License No. \_\_\_\_\_

**Climbing Wall Facility Inspection Summary**

1000 Washington Street – Suite 710 – Boston – MA 02118

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*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 Contact Person)

\_\_\_\_\_  
(Inspection Company Fax Number)

\_\_\_\_\_  
(Climbing Wall Facility Phone Number)

\_\_\_\_\_  
(Inspection Company E-Mail)

\_\_\_\_\_  
(Climbing Wall Facility E-Mail Address)

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**Note:**

This form, along with the inspection report, must be completed and submitted by a Massachusetts certified inspector.

I hereby certify, under pains and penalties of perjury, that, to the best of my knowledge and belief, the climbing wall facility elements employing fall protection systems and the related equipment listed on the following pages are in compliance with 520 CMR 5.15, except where noted on the accompanying Deficiency Report and that I have personally inspected these devices\elements in accordance with applicable provisions of 520 CMR 5.00.

\_\_\_\_\_  
(Print Certified Inspector's Name)

\_\_\_\_\_  
(Date of Inspection)

\_\_\_\_\_  
(Date Submitted)

\_\_\_\_\_  
(Certified Inspector's Signature)

\_\_\_\_\_  
(MA Certified Inspector Number and Expiration Date)

