



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

MA License No. _____

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 Contact Person)

(Inspection Company Fax Number)

(Climbing Wall Facility Phone Number)

(Inspection Company E-Mail)

(Climbing Wall Facility E-Mail Address)

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)

