

Commonwealth of Massachusetts Division of Professional Licensure

MA License No.	

Office of Public Safety & Inspections

Climbing Wall Maintenance Repair Log

1000 Washington Street - Suite 710 - Boston - MA 02118

An owner may use an alternate form provided it contains all information contained in this form.				
(Organization/Site Name)		(USID Number)		
(Organization Address)		(Phone Number)		
(Contact Name)		(Contact Phone Number)		
(Contact Title	(Contact Title) (Contact E		Aail Address)	
Date of Repair.	Description of component repaired and details performed (attach documentation).	of work	Legible name and signature of person who performed the work.	

Return completed form and attachments to: