

Commonwealth of Massachusetts

Division of Occupational Licensure MA License No. _____

Office of Public Safety & Inspections

Climbing Wall Maintenance Repair Log

	1 Federal Street - Suite 0600 -	Boston – MA	A 02110-2012
Ar	ı owner may use an alternate form provided it cont	tains all infort	nation contained in this form.
(Organization/Site Name)		(USID Number)	
(Organization Address)		(Phone Number)	
(Contact Nam	re)	(Contact Phone Number)	
(Contact Title)		(Contact E-Mail Address)	
Date of Repair.	Description of component repaired and detail performed (attach documentation).	ls of work	Legible name and signature of person who performed the work.

Return completed form and attachments to: