



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

MA License No. _____

Certified Inspector's Report for Challenge Courses

1 Federal Street – Suite 600 – Boston – MA 02110

An alternate form may not be used, however supplemental information may be attached.

The following report is submitted in compliance with 520 CMR 5.14 established by the Office of Public Safety & Inspections (OPSI).

(Inspection Company Name)

(Inspection Company Name)

(Inspection Company Phone Number)

(Inspection Company Fax Number)

(Inspection Company E-Mail)

(Organization/Site Name)

(Challenge Course USID Number)

(Challenge Course Contact Person)

(Challenge Course Phone Number)

(Challenge Course E-Mail Address)

Note:

This form, along with the inspection report, must be completed and submitted by a Massachusetts certified inspector. The certified inspector's report shall contain information and documentation as outlined in the ACCT Standards, Sections A2.1 through A2.9.2 as referenced in 520 CMR 5.00.

I hereby certify, under pains and penalties of perjury, that, to the best of my knowledge and belief, the challenge course elements employing fall protection systems and the related equipment listed on the following pages are in compliance with 520 CMR 5.14, 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)

(Certified Inspector's Signature)

(Date of Inspection)

(MA Certified Inspector Number and Expiration Date)

