



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections 1
Federal Street – Suite 0600 – Boston – MA 02110-2012

DYNAMIC TESTING SCHEDULE

Ski Area Name: _____

Location Number: MA - _____ **Date Submitted:** _____

Number	RTB Number	Lift Name	Proposed Test Date	Completed Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

A copy of this schedule should accompany the inspection report each year. Enclose a copy of the lift dynamic tests along with this report. Any changes to the test schedule should be made using a new Dynamic Test Schedule Form. All testing shall be performed in accordance with 526 CMR 10.14.

I swear under pains and penalties of perjury that all information presented on this application and submitted in support hereof is true and accurate to the best of my knowledge.

Print Name of Owner\Operator

Signature of Owner\Operator

Address of Owner\Operator

Telephone Number of Owner\Operator