



**Commonwealth of Massachusetts  
 Division of Professional Licensure  
 Office of Public Safety and Inspections  
Vertical Reciprocating Conveyor (VRC) Training Log**

An owner may use an alternate form, provided it contains all of the information contained in this form

**In compliance with MA Elevator Regulations 524 CMR 32.00 et seq. the individual(s) listed below have been trained in the safe operation of the Vertical Reciprocating Conveyor.**

**Controlled and Non-Controlled Access Facility:**

\_\_\_\_\_  
 (Street Address) (City) (Zip Code) (State Tag Number)

**Facility Employee(s)**

<b>Date of Training</b>	<b>Name</b>	<b>Address</b>	<b>City and State</b>	<b>Initials of employee</b>

**I hereby certify that pursuant to 524 CMR 32.11 and 32.12, I trained the above individuals on the safe operation of the Vertical Reciprocating Conveyor identified above and located at the above referenced location and that I have attached the training curriculum to this document.**

\_\_\_\_\_  
 (Signature of Trainer) (Print Name) (Date)

**Please Note – All training logs/documentation/curriculums (or a copy) are to be stored on site and readily available to a MA state elevator inspector.**