



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections**

1000 Washington Street - Suite 710 - Boston - MA 02118

NONDESTRUCTIVE TESTING REPORT

Ski Area Name: _____

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

Number	RTB Number	Lift Name	Manufacturer	Test Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Enclose a copy of the lift nondestructive test reports along with this form. Test reports **must** include the information above as well as the name and address of the firm that conducted the test; type of NDT performed and description of the test equipment; results and criteria used for acceptance or rejection of the parts; the part name, part number and quantity of each part that was inspected; drawing or photograph showing the part tested; a detailed sketch of the part repaired, repair method used and results of the retest; and signature of the certified NDT Examiner performing the test and interpreting the results. 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 NDT Examiner

Signature of NDT Examiner

NDT Examiner Certification Number

Telephone Number of NDT Examiner