

State Of New Hampshire
 John J. Barthelmes, Commissioner
 Department Of Safety
 Tramway & Amusement Ride Safety
 33 Hazen Dr, Concord NH 03305
 Telephone: (603)223-4289 Fax: (603)223-4294

Ski Lift Annual Operators Inspection Report

Business Name _____

Owner/Operator _____

Address _____ Telephone _____

_____ Email _____

Name of Lift	Tramway Number	Type of Lift	NDT Completed	Cable Inspection	Annual Inspection Completed

***I certify that I have made an inspection of the aerial lifts listed above on _____ and find that each complies with the Rules, Regulations and Code of New Hampshire RSA 321-A, and that to the best of my knowledge, they are safe to operate for the public.**

Signature: _____

To be completed and signed by the person responsible for the operation of the Tramway and devices. Any exceptions that must be corrected prior to operation for the public must be listed in the inspection information column above or attached.