



State of New Hampshire

Department of Safety

Tramway & Amusement Ride Safety

33 Hazen Drive

Concord, NH 03305

Telephone: (603) 223-4289 FAX (603) 223-4294

John J. Barthelmes
Commissioner of Safety

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.