

SKI AREA WORK REPORT

Ski Area Name: _____ Tramway No: _____ Tramway Name: _____

TRAMWAY TYPE (Check box below):

Chair Lift Surface Lift Gondola Rope Tow Tram Conveyor Other

GRIP NDT AND INSPECTION

Percent Tested: _____ Date: _____ Accepted _____ % Failure: _____ %

Performed by: _____ Level: _____ Work Order No: _____

CARRIER NDT AND INSPECTION

Percent Tested: _____ Date: _____ Accepted _____ % Failure: _____ %

Performed by: _____ Level: _____ Work Order No: _____

BIKE CARRIER NDT AND INSPECTION

Inspected By: _____ Date: _____

Results of Inspection: ACCEPTED: _____ Failed: _____

WIRE ROPE & COUNTERWEIGHT ROPE

Inspected by: _____ Date: _____

Results of Inspection: ACCEPTED: _____ FAILED: _____

MRT Inspected by: _____ Date: _____

Results of Inspection: ACCEPTED: _____ FAILED: _____

DETACHABLE LIFTS: TOWER DETECTION SWITCH TEST

All Tested and Operational: _____ Performed by: _____ Date: _____ Work Order No: _____

FIXED GRIP LIFTS: ALL GRIPS MOVED AND PULL TESTED THEN MATCH MARKED

Performed by: _____ Date: _____ Work Order No: _____

COMMENTS: _____

All work completed as to ANSI-B-77 and Vermont Addendum, as well as standards and codes stated in Section 1 – 1.3 Documents of work completed available upon request from ski area

Signature: _____ Title: _____

Date: _____