



Passenger Tramway Program
PO Box 488
Montpelier, VT 05601-0488

Certificate of Fiber Rope Inspection/Repair Report

Area Name: _____ Tramway No.: _____

Tramway Name: _____ Date: _____

Type of Rope: _____

Age of Rope: _____

Date Last Spliced: _____

Length of Rope Spliced: _____

Notes:

Rope Inspected By: _____

Rope Spliced By: _____

Address: _____

Telephone Number: _____

Fiber rope has been inspected and/or spliced and are/are not considered approved for Public Operations at this time.