

State of New Hampshire DEPARTMENT OF SAFETY DIVISION OF MOTOR VEHICLES

Tramway & **Amusement Ride Safety** 33 HAZEN DRIVE, CONCORD, NH 03305 Telephone: (603) 223-4289 FAX (603) 223-4295

CHALLENGE COURSE/ZIP LINE OPERATOR'S ANNUAL INSPECTION REPORT

Business Name:				
Owner/Operator:				
Address:				
ty: State:		Zip: Telephone:		
Type of Ride/Device	NH ID Number	Mfg. & Serial Or ID Number	Date of Last NDT	Inspection Results
I certify that I have made an inspection of the referenced below and find that each complied that to the best of my knowledge, they are s	d with the Rules, R	egulations and Code of	New Hampshire RS	A 321-A, and
$\ensuremath{\mathrm{I}}$ also certify that NDT requirements, as set t	orth in SAF-C 1405	5.08, have been complete	d.	
Signature:	Printed Name:		Date:	
To be completed and signed by the person reride or device per Sat-C 1408.01 (b) (4). Any listed in the inspection results column above	exceptions that mu	ust be corrected prior to		
I certify that all elements of the challenge co ANSI/ACCT 03-2019 Challenge Courses and Standards) or the ASTM International Standards	d Canopy/Zip Line	Tours Standards (Revisi		
Signature:	Printed Name:		Date:	
To be signed by the qualified person per attach his or her inspection report(s).	forming the inspe	ection per Saf-C 1411.0	04(b). The qualified	d person shall