



SKI LIFT INSPECTION REPORT

Lift Name: _____

Family: Ski Lifts & Tows

- Aerial Tramway
- Fiber Rope Tow
- Detached Aerial Lift
- Wire Rope Tow
- Fixed Aerial Lift
- Conveyor
- Surface Lift

Investigation ID	PTO Number	
Date Inspected	Inspect Fee	PTO Fee
<input type="checkbox"/> Issue PTO	<input type="checkbox"/> PTO on HOLD	
<input type="checkbox"/> Initial	<input type="checkbox"/> Special	<input type="checkbox"/> Re-inspection

Remarks: _____

- See Attachment

Item No.	Code Section	Code violations listed below shall be corrected by COMPLIANCE DATE: _____* See the following page for important compliance information regarding this ORDER .

I certify this is a true and accurate report of my inspection.

Signature: _____ Date: _____

**Return original form to Industry Services and include a copy of the 3rd party inspection report.
 Provide copies to the Inspector and Customer.**

Department Order

This Department of Safety and Professional Services (Department) Order is issued as a result of an inspection conducted for the ski lift referenced on the front of this report. You are hereby ordered to have the listed violation(s) corrected to conform to the indicated provisions of the Wisconsin Administrative Code and/or statutes. These violations must be corrected by the compliance date noted, and upon correction of the violations, the inspector who signed this report must be notified in writing. If you fail to comply, this order is enforceable in circuit court pursuant to s. 101.02 (13), Stats., with forfeitures ranging from \$10 to \$100 per day for each violation. In addition, the Department may attach a notice of violation to the deed for the property on which the violations occur. If you have questions regarding this matter, please feel free to contact the inspector at the number provided on the front of this report.

Accident Reporting

Whenever an aerial lift, surface lift, fiber rope tow, or wire rope tow fails and causes injury to any person, the owner or user shall report in writing the facts involved to the Department within the following 24 hours. The owner or user may not remove or disturb the object or any of its parts nor permit any such removal or disturbance prior to receiving authorization from the Department, except for the purpose of saving human life or further property damage.

Note: The Department may be contacted by phone: (608) 266-2112; option 4; 2; 7. Please save the completed form as a PDF file and submit to DSPSSBInspectionSupport@wisconsin.gov.

To file an accident report with the Department use this linked form:
<https://dsps.wi.gov/Documents/Programs/SkiLifts/SBD211s.pdf>