Commonwealth of Massachusetts

Form CC-3 2007-1

Department of Public Safety
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CHALLENGE COURSE MAINTENANCE REPAIR LOG

An owner may use an alternate form provided it contains all of the information contained in this form.

(Organization/Site Name) _____ *(USID Number)* _____

(Organization Address) _____ *(Phone Number)* _____

(Print Contact Name) _____ *(Contact E-Mail Address)* _____

Date of Repair	Name/number of element repaired and details of work performed (Attach all documentation)	Legible name and signature of person who performed work