



## Climbing Wall Questionnaire

**APPLICANT'S NAME** \_\_\_\_\_

### WALL INFORMATION

1. Height of wall: \_\_\_\_\_ feet    Width of wall: \_\_\_\_\_ feet    Year constructed: \_\_\_\_\_
2. Was the climbing wall constructed by a contractor who provided you with a certificate of insurance which included completed operations coverage?     Yes     No
3. Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards?     Yes     No
4. Is there a minimum of 6 to 12 inches of fall protection beneath the climbing wall out to a distance of 6 to 8 feet?     Yes     No
5. What type of material is used in the landing area? \_\_\_\_\_
6. Is there a line painted on the wall indicating the maximum height of the free climb zone?     Yes     No  
If yes, height of line: \_\_\_\_\_ feet
7. Is a daily inspection of the wall performed and results documented?     Yes     No
8. Is wall maintenance conducted by an independent contractor who provides you with a certificate of insurance?     Yes     No

### EQUIPMENT INFORMATION

9. Does all the climbing safety equipment conform to the American Society of testing and Materials (ASTM) and/or the International Association of Alpine Associations (UIAA) standards?     Yes     No
10. Is all climbing safety equipment inspected daily with inspection results documented?     Yes     No

### SAFETY AND TRAINING RULES

11. Are safety rules posted?     Yes     No
12. Is there a documented training program for all wall users which includes:

	Yes	No		Yes	No
Harness and rope inspection procedure?	<input type="checkbox"/>	<input type="checkbox"/>	Rules for climbing wall?	<input type="checkbox"/>	<input type="checkbox"/>
Proper belaying techniques?	<input type="checkbox"/>	<input type="checkbox"/>	Setup and takedown procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency takedowns?	<input type="checkbox"/>	<input type="checkbox"/>	Procedures for reporting problems?	<input type="checkbox"/>	<input type="checkbox"/>
Belay device failure or entrapment?	<input type="checkbox"/>	<input type="checkbox"/>			

13. Is there a method to identify approved users prior to their use of the wall?     Yes     No

**STAFF INFORMATION**

14. Is a full-time, first-aid or CPR certified staff member always present?  Yes  No

15. Is this full-time staff member certified to belay on the wall and understand the safety rules?  Yes  No

16. Is a full-time staff member positioned to have a clear view of the climbing wall and participants?  Yes  No

**MEMBERS**

17. Do membership agreements contain a hold harmless clause (Liability Waiver) and require signature indicating acceptance?  Yes  No

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_