

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

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Scottsdale, Arizona 85258

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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 _____