**CLIMBING WALL QUESTIONNAIRE**

(Climbing, Tread and Bouldering)

Name of Applicant:

Website Address:

**WALL INFORMATION**

**1.** Type of Wall: [ ]  Climbing [ ]  Tread [ ]  Bouldering

**2.** Height of wall:       feet Width of wall:       feet Year constructed:

**3.** Any portable walls utilized? [ ]  Yes [ ]  No

**4.** Any portable walls rented to others? [ ]  Yes [ ]  No

**5.** Was the wall constructed by a contractor who provided you with a certificate of insurance which included completed operations coverage? [ ]  Yes [ ]  No

**6.** Was the wall constructed following Climbing Wall Industry Group (CWIG) or American Society of Testing and Materials (ASTM) design standards? [ ]  Yes [ ]  No

**7.** Is there a minimum of six to twelve (12) inches of fall protection beneath the wall out to a distance of six to eight feet? [ ]  Yes [ ]  No

**8.** What type of material is used in the landing area?

**9.** What is the maximum number of people on the wall at any one time?

**10.** 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

**11.** Are grasps permanently secured on the wall? [ ]  Yes [ ]  No

If no, are they only removed and relocated by employees? [ ]  Yes [ ]  No

**12.** Number of auto-belay devices?

**13.** Number of top rope courses?

**14.** Is a daily inspection of the wall performed and results documented? [ ]  Yes [ ]  No

**15.** Is wall maintenance conducted by an independent contractor who provides you with a certificate of
insurance? [ ]  Yes [ ]  No

**16.** Any outdoor climbing? [ ]  Yes [ ]  No

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| --- |
| If yes, provide details:       |

**EQUIPMENT INFORMATION**

**17.** 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

**18.** Is all climbing safety equipment inspected daily with inspection results documented? [ ]  Yes [ ]  No

**19.** Do you rent any equipment? [ ]  Yes [ ]  No

If yes, provide details:

**20.** Do you sell any equipment? [ ]  Yes [ ]  No

If yes, provide details:

**SAFETY AND TRAINING RULES**

**21.** Are safety rules posted? [ ]  Yes [ ]  No

**22.** Are climbers required to watch a training video prior to first climb? [ ]  Yes [ ]  No

**23.** Are climbing classes offered? [ ]  Yes [ ]  No

**24.** Is there a method to identify approved users prior to their use of the wall? [ ]  Yes [ ]  No

**25.** Is there a documented training program for all wall users, which includes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| Harness and rope inspection procedure? | **[ ]**  | **[ ]**  | Rules for climbing, tread, bouldering wall(s)? | **[ ]**  | **[ ]**  |
| Proper belaying techniques? | **[ ]**  | **[ ]**  | Setup and takedown procedures? | **[ ]**  | **[ ]**  |
| Emergency takedowns? | **[ ]**  | **[ ]**  | Procedures for reporting problems? | **[ ]**  | **[ ]**  |
| Belay device failure or entrapment? | **[ ]**  | **[ ]**  |  |  |  |

**STAFF INFORMATION**

**26.** Is a full-time, first-aid or CPR certified staff member always present? [ ]  Yes [ ]  No

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

**28.** Is a full-time staff member positioned to have a clear view of the wall and participants? [ ]  Yes [ ]  No

**MEMBERS**

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

**30.** Are minors permitted to use the facility? [ ]  Yes [ ]  No

**31.** Minimum age of participants? [ ]  Yes [ ]  No

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: Date:

(Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE: