

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

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 _____