



INSURED'S NAME: _____

SECTION 1 - CONSTRUCTION AND MAINTENANCE

How many climbing walls do you have premises? _____

Was the climbing wall constructed by a professional with Certificate of Insurance covering completed operations liability?

Yes No

Are safety rules posted? Yes No

What is the height of each wall? Wall 1 _____ Wall 2 _____ Wall 3 _____

Is there a certificate from a certified engineer or an approved vendor stating:

— that the construction of the wall meets local and state building codes; and

— the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls?

Yes No

Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet? Yes No

Are all the belay system anchors "backed-up"? Yes No

Is climbing wall maintenance performed at least on an annual basis? Yes No

Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance? Yes No

Is a rope log maintained and used for daily operations? Yes No

Is the belayer anchored to a secure point? Yes No

Is there a program in place to identify equipment (rope, harnesses, carabiners, etc.) that should be retired? Yes No

If yes, describe: _____

SECTION 2 - OPERATION AND TRAINING

Is there a documented training program in place which includes:

Rules for the climbing wall? Yes No

Harness and rope inspection? Yes No

Proper belay techniques? Yes No

Belay device failure or entrapment? Yes No

Set-up and take-down procedures? Yes No

Emergency take-down procedures? Yes No

Procedures for reporting problems? Yes No

Are belayers approved prior to their use of the wall? Yes No

Are the following always present when the wall is being used:

A staff member who understands the safety rules and is certified to belay on the wall? Yes No

A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer or a National Safety Council Level II First Aid? Yes No

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

A first aid kit? Yes No

Is there a minimum age for belayers? Yes No If so, what age? _____

Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital:

SECTION 3 - PORTABLE CLIMBING WALLS (complete if applicable)

Does the portable climbing wall receive an annual inspection by a qualified ACCT PVM*? Yes No

Are state inspections requirements met (if any)? Yes No

Do you obtain a Certificate of Insurance and warranty from the wall manufacturer? Yes No

Are auto-belay device cables inspected and/or replaced at least annually? Yes No

Is your staff trained annually by the wall manufacturer or ACCT PVM*? Yes No

Is all staff training documented? Yes No

Do you obtain a signed waiver or release from all participants who climb off-site? Yes No

Do all your trailer drivers have a Commercial Drivers' Licenses with formal CDL training? Yes No

Do you document all CDL training? Yes No

**ACCT PVM = Association for Challenge Course Technology, Professional Vendor Member*

Do you sublease space? Yes No

Do you have cryotherapy? Yes No ***Please note that our program does NOT insure Cryotherapy.**

Applicant's Signature

Date