



SCOTTSDALE INSURANCE COMPANY

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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 \_\_\_\_\_