

Submission # _____

Health & Fitness Application
Rock Wall Supplement
(A Copy of this Page is Required for Each Wall)

ROCK WALL INFORMATION

Location #: _____

Address: _____

Manufacturer of the Rock Wall:

- American Rock Climbing SpectrumSports/Rebound Active Sports
- Vertical Reality Other _____
- Extreme Engineering

What year was the rock wall constructed? _____

Is the rock wall indoors or outdoors? Indoors Outdoors

Height of Wall: _____

Width of Wall: _____

Is the rock wall supervised at all times? No Yes

Is there a formal maintenance checklist? No Yes

Is there a minimum of 6-12 in of fall protection beneath the rock wall out to a distance of 6-8 ft? No Yes

What type of material is used in the landing area? _____

Is there a formal employee safety training program? No Yes

Are safety rules posted? No Yes

TRAINING AND SAFETY INFORMATION

Is there a documented training program for all wall users which includes:

- Harness and rope inspection procedure? No Yes
- Proper belaying techniques? No Yes
- Emergency take-downs? No Yes
- Belay device failure or entrapment? No Yes
- Rules for climbing wall? No Yes
- Setup and take-down procedures? No Yes
- Procedures for reporting a problem? No Yes

Is the tool loop cut off from the safety harness? No Yes

When the rock wall is not in use, how and where do you store it? _____

How often are the cables replaced? _____

Is the rock wall manual or auto belay? Manual Auto

Is there a method to identify approved users prior to their use of the wall? No Yes

Applicant's Signature: _____

Date: _____