**CHALLENGE COURSE/CLIMBING WALL QUICK CHECK**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Yes** | **No** | **Quick Check Item** |
|  |  | The equipment and course have been inspected prior to use and that inspection is documented appropriately |
|  |  | The area is free of dangerous objects/items/conditions that could cause injury |
|  |  | All campers have been given an orientation to the activity |
|  |  | The equipment and course are secured and/or locked when not in use—including ladders and access points to the course/wall |
|  |  | All participants—campers and staff—climbing have on appropriate gear like a properly fitted harness & helmet as required by the course |
|  |  | All participants—staff and campers—in the fall zone are wearing a helmet |
|  |  | Facilitators and staff meet expectations for leading, guiding, or coaching the activity |
|  |  | Facilitators rotate routinely to a different position on the course and/or take breaks regularly |
|  |  | Staff are enforcing activity safety rules specific to the course/wall |
|  |  | Course facilitators are singularly focused on the campers/activity |
|  |  | Campers not immediately engaged in climbing are supervised by secondary staff and are within sight and sound |
|  |  | Documentation of monthly facilitator in-service training is available for review and includes names of participants, date of training, and skills covered |

Comments/Immediate Action Taken:

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**CHALLENGE COURSE/CLIMBING WALL QUICK CHECK**

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Location/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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