



# Portable Climbing Wall Event Log & Use Report



Date:	
Group Name:	
Group Leader:	
Number of Climbers:	
Consent and health forms for all climbers?	
Primary Instructor:	
Secondary Instructor:	
First Aid & CPR Certified Instructor:	
Weather conditions:	
Temperature:	
Wind Speed:	
First Rope Used (D - F):	
Second Rope Used (D - F):	
Gri Gri Belay Devices Used? (Yes/No):	
ATC-XP Belay Plates Used? (Yes/No):	
Helmets Used? (Yes/No):	
Ouisiti Harnesses Used? (Yes/No):	
Infinity Harnesses Used? (Yes/No):	
Spectrum Harnesses Used? (Yes/No):	
Webbing Used? (Yes/No):	
Ballast used (tow vehicle or water tank):	
Any damage to wall or trailer?	
Any injuries to the participants or staff? (If yes, describe on back)	
Any close calls? (If yes, describe on back)	
Other Comments:	