

PLANNING

Is this quotation for:-

Budget Planning _____

Grant Application _____

Immediate Purchase _____

How long will the quotation need to be held for? _____

When is the construction envisaged to take place? _____

Will a main contractor be used? _____

WHAT FACILITIES ARE ON SITE FOR CONSTRUCTION:-

Electricity _____ **Distance** _____

Water _____ **Distance** _____

Lighting _____

Toilets _____

Size of access doors _____

Width of corridors _____

Size of stairwell/lifts (if not on ground floor) _____

Distance from car park/lorry off loading _____

Car Parking for workers _____

Security arrangements _____

First Aid _____

Contact name _____ **Position** _____

Tel no _____ **Fax no** _____

Project _____

Address _____

Architect _____ **Tel no** _____

Engineer _____ **Tel no** _____

PLEASE COMPLETE AND RETURN THIS FORM TO ENTRE-PRISES SO THAT THE FIRST STEP TO PRODUCING COSTINGS AND DESIGNS FOR YOUR CLIMBING WALL CAN BE UNDERTAKEN. REMEMBER TO INCLUDE SCALED DRAWINGS AND/OR PHOTOGRAPHS OF THE SITE IF POSSIBLE.

CLIMBING WALL SPECIFICATION SHEET

LOCATION

Proposed Budget £ _____

Indoor or Outdoor _____

Free Standing (please circle as appropriate) **YES** **NO**

Wall Cladding **YES** **NO**

Length of Wall _____ **mm** **Height of Wall** _____ **mm**

Width of Wall [if 3 dimension structure] _____ **mm**

Depth of Circulation Space in Front of Walls _____ **mm**

Are there any costs that have to come out of the climbing wall budget?

Main contractors discount **YES** **NO**

Floor surface/matting **YES** **NO**

Moving of electrical/heating systems **YES** **NO**

Moving of any fire alarm/exist signs **YES** **NO**

Nets/rebound boards **YES** **NO**

Other _____

What are the support walls made of?

Solid Brick **YES** **NO**

Air Brick **YES** **NO**

Solid Blocks **YES** **NO**

Hollow Blocks **YES** **NO**

Concrete **YES** **NO**

Steel Frame **YES** **NO**

Other _____

Are there any structural constraints?

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CLIMBING WALL USERS

Who is the wall intended for?

Novice Use	YES	NO
Instructional	YES	NO
School Use	YES	NO
Club/Group Use	YES	NO
Intermediate Climbers	YES	NO
Expert Training	YES	NO
Competition Training	YES	NO

Will the wall be used for competitions?

Leading	YES	NO
Bouldering	YES	NO
Local	YES	NO
National	YES	NO
International	YES	NO

What is the age range of users? _____

How many users would you like to use the wall simultaneously? _____

What is the estimated annual usage? _____

CLIMBING WALL FEATURES AND MATERIALS

Please score features from 1 to 5 (5 being the most important/desirable) and circle as appropriate

Bolt-on Holds	1	2	3	4	5
Small Disc Holds	1	2	3	4	5
Moon Discs	1	2	3	4	5
Macro System Columns	1	2	3	4	5
Macro System Features	1	2	3	4	5
Cracks	1	2	3	4	5
Natural protection lead crack	1	2	3	4	5 (Imprint only)
Laybacks	1	2	3	4	5
Stalactites	1	2	3	4	5
Chimneys	1	2	3	4	5
Aretes	1	2	3	4	5
Mantelshelves	1	2	3	4	5

Climbing wall features and materials continued...

Leader Protection - bolts	1	2	3	4	5
Top Belay Points	1	2	3	4	5
Slabs	1	2	3	4	5
Articulated Slabs	1	2	3	4	5
Small Overhangs (up to 1m)	1	2	3	4	5
Medium Overhangs (1-2.5m)	1	2	3	4	5
Large Overhangs (over 2.5m)	1	2	3	4	5
Articulated Walls	1	2	3	4	5

Approximately what percentage of your wall would you like to be:-

Slabs _____
 Vertical _____
 Overhanging _____

Are there any restrictions that may limit the projection of:-

Slab _____
 Overhanging _____

Is a belay/abseil ledge required? YES NO

What is your preferred wall system:-

Bolt-on Holdson existing wall	YES	NO
Coated Plywood	YES	NO
Plywood with Features & Discs	YES	NO
Profile System	YES	NO
Imprint System	YES	NO
Mixture of Wood/Profile/Imprint	YES	NO
Freeform	YES	NO
Sprayed Concrete	YES	NO

If there are any walls which you have visited with features you would like to include on your wall please specify below.

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