



HIGH ROPES COURSE
Safety Skills Assessment

Name: _____ Date: _____

Instructor: _____ Date: _____

The following check list is a skills assessment of your demonstrated abilities during this training. Please feel free to discuss your ratings with the Instructor if you have questions. This assessment will be kept on file for documentation purposes.

A **PASS** check in any of the areas signifies that you demonstrated that particular skill and it was witnessed by an Instructor(s). If a skill is not performed in view of the EBL Instructor, a **FAIL** check will be issued.

The rating is **Pass** or **Fail**. This rating will be up to the discretion of the Instructor(s).

New Certification _____ Renewal Certification _____ Skills Only _____

	PASS	FAIL	N/A							
1. Element Inspection	_____	_____	_____							
2. Course Set Up	_____	_____	_____							
2a. Zip Wire	_____	_____	_____							
2b. Leap of Faith	_____	_____	_____							
2c. Dynamic Belay	_____	_____	_____							
2d. Static Belay	_____	_____	_____							
2e. Climbing Wall	_____	_____	_____							
3. 8 Knot Tying	_____	_____	_____							
4. Harness Fitting	_____	_____	_____							
5. Pre-climb Checks	_____	_____	_____							
6. Climbing Commands	_____	_____	_____							
7. Practical Belaying	_____	_____	_____							
8. Take Down	_____	_____	_____							
9. Storage	_____	_____	_____							
10. Lobster Clawing	_____	_____	_____							
11. Spotting	_____	_____	_____							
12. Overall Proficiency	1	2	3	4	5	6	7	8	9	10

(1 = low, 10 = high)

Trainee Signature

Instructor Signature