

REQUIRED EQUIPMENT					
<input type="checkbox"/> Approved Eye Protection	<input type="checkbox"/> Approved Climbing Harness	<input type="checkbox"/>	<input type="checkbox"/>	Climber Name & Number: _____	
<input type="checkbox"/> Approved Climbing-Style Helmet	<input type="checkbox"/> Approved Climbing Line	<input type="checkbox"/>	<input type="checkbox"/>	Judge: _____	
<input type="checkbox"/> Appropriate Footwear	<input type="checkbox"/> Approved Handsaw and Scabbard	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Appropriate Clothing	<input type="checkbox"/> Approved Work-Positioning Lanyard	<input type="checkbox"/>	<input type="checkbox"/>		
SCORING POINTS			DISCRETIONARY POINTS		
<b>Completed Task:</b> <i>Lanyard in, give audible warning, ring bell with handsaw</i>		<input type="text" value="0"/> <input type="text" value="2"/>	+	<input type="text" value="0"/> <input type="text" value="2"/>	Discretionary Points <input type="text" value=""/>
Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
<b>Completed Task:</b> <i>Lanyard in, give audible warning, ring bell with handsaw</i>		<input type="text" value="0"/> <input type="text" value="2"/>	+	<input type="text" value="0"/> <input type="text" value="2"/>	Discretionary Points <input type="text" value=""/>
Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
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Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
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Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
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Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
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Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
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Ring bell w/ two hands on handsaw		<input type="text" value="1"/> <input type="text" value="2"/>			
<b>Discretionary Penalties for unsafe acts determined by Event Head Judge</b>		<input type="text" value=""/> <input type="text" value=""/>	<b>Landing Points</b> Remains standing, 1 system unclipped		<input type="text" value="5"/>
REASON FOR DQ: _____		<input type="text" value="DQ"/>	TIMER 1    min    sec    1/100		<input type="text" value=""/> : <input type="text" value=""/> . <input type="text" value=""/>
			TIMER 2    min    sec    1/100		<input type="text" value=""/> : <input type="text" value=""/> . <input type="text" value=""/>