Appendix 1

NEW ANCHOR REQUEST SHEET

This sheet must be forwarded to the CSCC Equipment Officer. Please use a separate sheet for each new anchor group.

Area of Country			Name of Cave/Mine		
Name of Person Requesting Anchor(nor(s)			
Name of Member Club					
Contact Telephone Number					
Contact Email Address					
Date Requested					
Position of Requested Anchor(s)					
Purpose of Anchors		Handline / Ladder & Lifeline / SRT "Y" hang / SRT Traverse Line / SRT Deviation / SRT Rebelay / Other (give details)			
Justification for Request					

CSCC Equipment Officer (CSCC Use Only)

Decision	Approved / Declined	Date	
Reason for Decision			

CSCC Nominated Installer (CSCC Use Only)

Name		Date of Installation	
Anchor Installation Sheet Re	eference Number		

CSCC Equipment Officer (CSCC Use Only)

Date Records Updated	
Print Name	
Signature	

FILE NAME	A	Council of Southern Caving Clubs	PAGE	ISSUE	DOCUMENT No.
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