

Risk Assessment for Club Activities

This template is provided as a sample document to assist clubs in creating their own, detailed risk assessment documents.

When completing this form you **must** complete sections 1a, 1d, 1e and 2a, and **either** section 1b or 1c prior to your first session. You **must** complete section 2b (by dating and initialling the relevant box) prior to every session. The entire Risk Assessment Form should be reviewed at appropriate regular intervals (eg six monthly).

1a Club Official and Riders			
Name of group/ activity:			
Date/time of activity:			
Riders	Estimated no: <input style="width: 100px;" type="text"/>	Ability: <input style="width: 150px;" type="text"/>	Age: <input style="width: 100px;" type="text"/>
Club Official Managing activity:	<input style="width: 300px;" type="text"/>		Telephone: <input style="width: 150px;" type="text"/>
1b Route			
Only complete this section if you are risk assessing the general environment or any other route or circuit that is not based at a venue. For all other venues/environments, complete section 1c. Strike through these boxes if you are not completing this section.			
Description/location: (Use place names where possible, and include any technical sections such as junctions or roundabouts)			
Approximate route/circuit length:			
Approximate height gained: (Identify the approximate total height gained, as well as the approximate height and percentage incline for key hills if applicable):			
Other potential users of circuit/route: (such as horses, tractors, pedestrians, cars, etc)			
Consideration of previous risk assessments:			
Emergency communication:	How will you communicate with appropriate people/organisations in an emergency? If using a mobile telephone, can you get adequate signal on the route?		<input style="width: 100%; height: 30px;" type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No

1c Venue

Complete this section only if you are risk assessing an activity occurring at a venue. Strike through these boxes if you are not completing this section.

Venue name:

Address/location:

Postcode:

Venue Contact Name:

Telephone:

Obtained and reviewed the venue's:

Health and Safety policy: Yes No
Normal operating procedures: Yes No
Emergency operating procedures: Yes No

Consideration of previous risk assessments:

Location of toilets:

Location of changing rooms:

Location of nearest telephone and how to dial out:

1d First Aid

Name of first aider:

Telephone:

Location of first-aid:

First-aid kit available*

Yes No

* It is the first aider's responsibility to ensure the first aid kit is adequately stocked and maintained at all times.

1e Person Conducting the Risk Assessment

Date of risk assessment:

Name:

Telephone:

Signature:

Date:

2a Risk Assessment								2b Review and Implement
ID	Location of hazard	Description of hazard	People at risk (coaches, officials, cyclists, spectators and others)	Level of risk (high, medium or low)	Advice on hazard required?	Resolution/action	Resolution implemented by	Dated reviewed/ implemented
1					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
2					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
3					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
4					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
5					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			

a Risk Assessment **2b Review and Implement**

ID	Location of hazard	Description of hazard	People at risk <i>(coaches, cyclists, spectators and others)</i>	Level of risk <i>(high, medium or low)</i>	Advice on hazard required?	Resolution/action	Resolution implemented by	Dated reviewed/implemented
6					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
7					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
8					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
9					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			
10					<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who can advise?			

