



## Pear Tree Cycling Risk Assessment

Date			
Mountain Biking <input type="checkbox"/>	Cycle Ride <input type="checkbox"/>		
Summary of weather forecast		Source	
Ability / Experience of the Group (circle)	<b>Good</b>	<b>Average</b>	<b>Poor</b>
If an assessment of a potential risk is in any other category than low then you will need to be able to show that you have taken action to minimise it.			
Assessment of potential risk	<b>High</b>	<b>Medium</b>	<b>Low</b>
1. Route too ambitious for the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Extreme weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bike suffers mechanical failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Group member incorrectly equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Group member has an accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Group or group member suffers from tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Group member loses a piece of equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any other risk identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action to be taken to minimise potential risk	<b>Yes</b>	<b>No</b>
1. Have you read the policy on cycling / mountain biking?	<input type="checkbox"/>	<input type="checkbox"/>
2. Planned the route with the experience of the group in mind?	<input type="checkbox"/>	<input type="checkbox"/>
3. Recently checked the weather forecast?	<input type="checkbox"/>	<input type="checkbox"/>
4. Carried out the bike check before using the bike?	<input type="checkbox"/>	<input type="checkbox"/>
5. Checked that the group are properly equipped?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you carrying the correct leader equipment?	<input type="checkbox"/>	<input type="checkbox"/>
7. Checked for ailments of injuries with the group members?	<input type="checkbox"/>	<input type="checkbox"/>
8. Checked that anyone who needs medication has it and you know where it is?	<input type="checkbox"/>	<input type="checkbox"/>
9. Checked that group members are rested and have eaten properly?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any other action taken to minimise risk	<input type="checkbox"/>	<input type="checkbox"/>

Signed

Date

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