

CYCLE RIGHT

RISK ASSESSMENT SHEET



DATE: _____ CYCLE TRAINER: _____ START LOCATION/VENUE: _____

HAZARDS			RISK EVALUATION		CONTROLLING MEASURES	
ID	Location of Hazard	Description of Hazard	Potential risk & who might be affected	Level of Risk (High, Medium or Low)	Control measures to reduce the risk	Assessment of effective or proposed amendment
e.g.	Bottom right hand corner of field	Large area of Surface Water	All Cyclists in Session	Medium	Brief Cyclists and cone off area	
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