

Risk Assessment Form for Coaches

Sections 1 and 2a (Risk Assessment) **must** be completed prior to the first session at a venue.

Section 2b (Review and Implement) **must** be completed prior to every session by dating and initialling the relevant box(es).

The Risk Assessment Form should be fully reviewed at regular intervals (eg six monthly).

1a Coach and Riders

| | | | |
|--------------------------------|---------------------------------------|----------------|---------------------------------------|
| Name of group/activity: | MCS Junior Coaching | | |
| Date/time of activity: | Summer 2019 18:00-19:00 | | |
| Riders: | No.: Up to 76 | Ability: Mixed | Age: Mixed, 5-15 |
| Lead coach: | Name: Justine Brookes/Sarah Pritchard | | Telephone: 077-299-33446 /07891358083 |

1b Moving Riders Between Areas

Complete this section if you need to move riders between the meeting point and coaching area, or between coaching areas. 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) | N/A | | |
| Approximate distance: (such as half a mile, 5mins walk, etc) | N/A | | |
| Other potential users: (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? | By Mobile phone Club also have Walkie Talkies if in any are out of range | |
| | If using a mobile telephone, can you get adequate signal on the route? | <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

1c Venue

| | | |
|---|--|------------|
| Venue name: | 9 Acres, Malvern College | |
| Address/location: | The Lees, Malvern | |
| | Postcode: WR14 3HT | |
| Venue contact: | Name: | Telephone: |
| Obtained and reviewed the venue's: | Health and safety policy: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Normal operating procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Emergency operating procedures: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Consideration of previous risk assessments: | | |
| Location of toilets: | N/A | |
| Location of changing rooms: | N/A | |
| Location of nearest telephone and how to dial out: | Coaches mobiles | |

1d First Aid

| | | |
|----------------------------------|---|---------------------------------------|
| First-aider: | Name: All Coaches 1 st Aid qualified | Telephone: 077-299-33446 /07891358083 |
| Location of first aid: | Sign In station | |
| First-aid kit available*: | Yes | |

* 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: 18/4/18

| | |
|--|------------------------|
| Name: Caleb Whitcombe (Initial assessment)) Sarah Pritchard | Telephone: 07891358083 |
| Signature: Sarah Pritchard | Date: 3/4/19 |