



Risk assessment form (H&S)

Name of assessor(s)	Karl Watson, Callum McMillan	Group / Establishment:	SSE Outdoors
Date	January 2024		

What is the workplace / activity / equipment / conditions (delete as appropriate) being assessed:	How was the assessment done? e.g. desktop exercise, site visit, in consultation with employees, managers, safety representatives?	Next review date:
		January 2025
Mountain biking onsite at Kilve Court is on a purpose-built grassed route around the perimeter. At the base of the hill are raised areas to balance on, dips to practice the attack position, seesaw and rumble strips to further develop skills. Above the maze are bomb pits, and to its' side jumps and ramps down a steep hill.	On-site assessment	Mobile reception / nearest landline
		Varied reception Kilve house / ODC

Who could be harmed, and how?	What is already being done to control the risks?	*Risk Rating Severity x Likelihood			What further action is recommended to reduce risks further?	Action by whom?	Date action due	Date action done
		S	L	S x L				
All participants – Clothing/ hair entrapment & jewellery.	<ul style="list-style-type: none"> COP guidance regarding clothing to be followed. Hair to be tied back and/or tucked out of the way throughout session. Suitable footwear to be worn Any jewellery to be removed at start of session. 	2	2	4				
All participants – Slips, trips, falls & minor injuries	<ul style="list-style-type: none"> Walking always expected. Group to be always kept under control. Briefed to take care moving around car park with bike. Controlled braking to be taught first. 	2	2	4				

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	<ul style="list-style-type: none"> Instructor to assess group or individuals' ability and ad All participants to be taught how to select appropriate gear on the bike. Instructor to assess group or individuals' ability and adapt session appropriately All staff to have first aid kit on session. 							
All participants – Extreme weather.	<ul style="list-style-type: none"> Check weather prior to start of session/day Cease activity if lightening is within 2 miles (1 mile per second from thunder to lightening) Alternative activity identified if winds are high 	2	3	5				
All participants – Safety equipment failure/ damage.	<ul style="list-style-type: none"> Only centre owned equipment to be used. Manufacturers guidelines for replacement, storage of equipment to be followed. Equipment checks to be carried out in line with equipment management procedure. Instructor to check equipment for signs of wear and damage each session. Report any damaged equipment, and place in the 'de-com bin' in core stores with corresponding defect form filled out. Assessed instructor to oversee the tower operation and any of its associated safety equipment. Regular equipment inspections to be carried out and recorded 'M' check of each bike at start and end of session Check mountain bike course during morning set up to ensure it is safe and useable Instructor fixes any issues with bikes that can be easily maintained 							

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All participants – Injuries/ entrapment due to instructor error.	<ul style="list-style-type: none"> Instructor to ensure a safe gap between riders. Clear safety briefing in line with COPs Additional staff to support the group. Bikes maintained regularly with records of faults kept in line with centre procedure Instructor to adopt PMU either bike or ground based 'go' and 'stop' signals to be communicated with all participants. Participants to maintain a seated position at all times unless told to by instructor. Participants feet to remain in contact with pedals Seat height adjusted by instructor for each participant Participants pedals to be level when going over obstacles 	5	2	10				

* [Click here](#) for guidance in calculating Risk Rating. Rate the **severity** of the potential harm (between 1-5, where 5 is fatal) and the **likelihood** of the harm occurring (again 1-5 where 5 is very likely). Guidance is at [HS 004](#).

Please now pass this assessment to your manager for approval

Name of assessor's manager:	Ack Moore	Date:		Manager's comments	
Signature:					