

Cambridge University Cycling Club	Date: 12/07/23	Last Review Date: 03/10/21
Risk Assessment		Next Review Date: 12/07/25

Track Trip Risk Assessment

Significant hazards	What could go wrong	(Hazard), Risk chance of it occurring	Existing control measures	Further actions
Personal Injury (collision): Injury / death	Fall from bike/collision with other riders	(High) Low	<ul style="list-style-type: none"> Members and riders have agreed they have read the CUCC Handbook, which contains relevant control measures and the CUCC Health and Safety Policy. Link to the Track info on CUCC website. Tracks are public venues with qualified first aiders on hand and suitable first aid provisions. When hiring velodrome, a qualified coach is always present during session to assess if a rider poses a risk due to lack of skill, awareness, fitness etc. Riders encouraged to wear an underlayer on top half to minimise skin abrasion in event of a fall. 	
Personal Injury (non-collision): Ligament/knee damage etc	Overexertion on bike, poor bike fit	(Low) Low	<ul style="list-style-type: none"> Riders advised to seek professional bike fit. Rider to withdraw from training session. 	
Fall	Mechanical failure	(Medium) / Low	<ul style="list-style-type: none"> Participants are encouraged to check their bikes and have them serviced regularly. If using hire bikes, can swap for one that is mechanically sound. Qualified coach running session will typically check over bikes before going onto the track. Riders encouraged to wear an underlayer on top half to minimise skin abrasion in event of a fall. 	

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Required kit

Rider's individual responsibility to provide and bring to training rides.

- Bike in working order (if not hiring track bike)
- Helmet
- Cycling mitts
- Suitable clothing, including an underlayer to reduce risk of abrasion in event of a crash.
- Personal First Aid & medication as deemed necessary.
- Food and water

EMERGENCY PROCEDURES

In the case of a crash or accident, uninjured riders, qualified coach and the qualified first aiders on site will assess the situation.

ASSESSOR

Name of assessor:	Signature:	Date	Name of Supervisor:	Signature:	Date
John Mulvey		01/10/16			1/10/16

REVIEW DATES

Reviewed by (name)	Signature	Date	Indicate changes here
George Spooner		03/10/21	Added COVID-19 control measures.

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Maddie Angwin	M.Angwin	12/07/23	Removed COVID-19 information
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