RISK/HAZARD - What harm can be caused	Likelihood	Consequence	Risk Rating	Controls - What will be done to eliminate/reduce the hazard/risk	Date:	Date:	Date:	Date:	Date:	Date:
Lack of supervision	D	3	M	Cancellation of activity. Minimum of 2 at all times	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Distruptive Participant	C	3	H	Remove and isolate disruptive participant. Contact parent/guardian. Inform participants of expected behaviour prior to activity.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Participant is injured	C	2	M	Administer first aid and contact ambulance if necessary. Contact partent/guardian. Make participant comfortable.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Poor weather conditions	C	2	M	Cancellation of Go-karting in unsuitable conditions.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Equipment breakdown	C	2	M	Karts regularly service and maintained by mechanic. All safety gear maintained and in good order. Participants to wear appropriate safety equiepment such as helmets and closed in shoes at all times.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Collision on track	C	2	M	Participants given thorough instruction on safe kart use by qualified supervisor/instructor before engaging in activity	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Inappropriate driving	D	3	M	Participants removed from the track. Participants informed of expected behaviour and kart rules before engaging in activity.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Large no. of participants	C	1	L	Ensure adequate supervision for large numbers. Only allow the regulated amount on track for safe driving.	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
*Please ensure you have completed both Part A & Part B of the Risk Assessment prior to the commencement of this activity. By signing entries on this record at the commencement of the activity, the activity facilitator (activity licensee/delegate/employee/contractor/volunteer) confirms that ALL procedures for the activity have been followed and all appropriate risk control measures on the above risk assessment have been implemented and the the equipment and location have been checked to ensure participant safety and all incidents that occur are reported as per this policy. This is done to ensure a safe ctivity for those under our care.					Name: Sign:	Name: Sign:	Name: Sign:	Name: Sign:	Name: Sign:	Name: Sign: