

ALTERNATIVE HAT ASSESSMENT FORM



Riders/Drivers Name (print full name):	Date of Assessment:
Group:	Region:
State reason why a standard Riding/Driving Hat is not suitable:	
Relevant Medical Information:	
Type & Description of Hat Assessed:	
Does the hat display a Quality Assurance Mark/ current safety standard?: If yes, give details:	
SUITABLE:	
If unsuitable, state reason why: N/A	
Date of next Annual Assessment:	
Assessors Name (print full name):	Signature:
Rider / Driver / Parent /Carers Name (circle above as applicable / print full name):	Signature:
I, the above am aware and understand that the Hat has been assessed as a non-standard Riding/Driving Hat and I am happy for myself (the Rider/Driver) or for the Rider/Driver I am signing on behalf of to wear it during an RDA Activity.	

One copy of this form to be kept by the RDA Group, one copy to be kept by the Regional Coach/ Regional Driving Representative and one copy to be submitted to RDA National Office.

Please refer to the Health and safety guidelines on page 5 for further details regarding hats:

<http://www.rda.org.uk/assets/Health-and-Safety-Guidelines-0913.pdf>

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RISK ASSESSMENT for PARTICIPANT RIDING WITH AN ALTERNATIVE RIDING HAT

Rider's name

Venue

List Significant Hazards to Participant -

List intended controls to mitigate hazards -

Risk Assessment undertaken by (signature).....

Assessor's name (printed).....

Date of Assessment.....