

PLEASE COMPLETE A FORM FOR EACH CAR WITH A CAMERA

Health & Safety Risk Assessment

HGPCA Test Day 11th April 2014

Fitting of camera to car

Driver/Owner Name	Car
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Hazard <i>Camera falling off car</i>	Persons at risk <i>other circuit users</i>
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Assess your risk	probability rating
High - possible to cause major injury	Possible
Medium - possible to cause minor First Aid treatment <i>Medium</i>	Unlikely <i>✓</i>
Low - unlikely to cause anything	Remote

How is the risk adequately controlled? How is the camera fitted? Please fill in

Competition Secretary controlled

Signed (driver/owner)