**Bike Trail Safety Inspection**

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

Use this checklist to identify any deficiencies or problem areas. Use corrective action to prioritize deficiencies, assign actions and record solutions.

**Trail Conditions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item # | Item | Yes | No | N/A |
| 1 | Are the trails clear of any unexpected hazards, such as bike parts, helmets, or garbage |  |  |  |
| 2 | Has the trail been checked for uneven ground or potential tripping hazards? |  |  |  |
| 3 | Has the trail been cleared of any debris from trees or wildlife? |  |  |  |
| 4 | Have the ramps and jumps been inspected for damage, defects, or signs of wear? |  |  |  |

**Signage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item # | Item | Yes | No | N/A |
| 5 | Does the signage mandate helmet use and safety padding? |  |  |  |
| 6 | Does the signage display the minimum age requirement for the trail? |  |  |  |
| 7 | Does the signage specify the appropriate skill level for the upcoming trail (e.g., novice, intermediate, advanced, expert, pro line)? |  |  |  |
| 8 | Does the signage provide details about upcoming trail features (e.g., ramps ahead, drop ahead)? |  |  |  |
| 9 | Does the signage state that dogs must be leashed? |  |  |  |
| 10 | Does the signage instruct riders to stay on the designated trail? |  |  |  |
| 11 | Does the signage warn about potential wildlife in the area? |  |  |  |
| 12 | Is the signage legible, undamaged, and easy to understand? |  |  |  |
| 13 | Is signage placed at the entrance of each trail? |  |  |  |
| 14 | Does the signage provide guidance on safety precautions for different weather conditions? |  |  |  |

**Maintenance**

|  |  |  |
| --- | --- | --- |
| Item # | Item | Comments |
| 15 | Last inspection (date & time) |  |
| 16 | Inspected by |  |
| 17 | Actions taken |  |

**Corrective Action Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item  # | Hazard Ranking   * Low (L) * Medium (M) * High (H) | Corrective Action | Responsible Person | Completion Date (YY/MM/DD) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

OHS Committee Review (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

Management Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD)