**RAA BIKE SAFETY CHECK PLAN (schools where RAA patrols check the bikes – usually morning before 1st session)**

* Complete this bike safety check plan
* **Save it** and then email it to RAA ( dfairlie@raa.com.au )

RAA will make contact with you in the weeks leading up to the checking day.

* Arrange access to schoolyard at 7:45 on the bike check day. Have a staff member meet RAA staff.
* The day before the checks:
	+ Have class teachers remind students to bring in their bike the following day
	+ Send a reminder for parents to bring in their childs bike. The priority will be to check the safety of all student owned bikes. If a fault can be repaired with a minor adjustment or basic maintenance best efforts will be made within the time scheduled. Repairs requiring new parts or major work will be identified on the bike safety check card and referred back to the parent/caregiver for their attention.

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| **School:** | **School *Way2Go* Bike Ed Coordinator:***Name**Contact number**Email* | **Bike Check** *Date* *Start time*  |
| **Entry point** Map/ photo attached Y/N*(please check that the gates are accessible for the patrol vans)* |
| **Is onsite parking available for staff who assist the patrols?** (usually 1 car**)***(if staff parking is limited please suggest a suitable alternative near school grounds)* |
| **Set up area** *This should allow enough space for two vans and workspace of at least three square meters per van. The vans must be able to drive into the space Arrangement should be made to store student bikes nearby. If possible, avoid using the same space that is required for student bike riding sessions.* |
| **Is there an alternative area that could be made available in case of inclement weather? If so, please describe the location.** |
| Names and room number of each class teacher*This will aid in setting up allocated storage space for each class* | **Session 1***Name**Class/Room**Start time* | **Session 2***Name**Class/Room**Start time* | **Session 3 (if required)***Name**Class/Room**Start time* | **Session 4 (if required)***Name**Class/Room**Start time* |
| **Record the name and contact number of the school staff member who will meet the patrols and assist on the day.***(e.g. to guide students to the correct bike storage area. Hand out rubber bands for students to attach bike check cards to bike handle bars etc.)* |