

Compulsory Basic Training Site Inspection Report

(To be completed by DSA Inspecting Officer)

Approved Training Body (ATB) Name	Silver Bikes Motorcycle Training	
ATB Reference No (if known)	1323	
Proposed Site Name and Address (inc postcode)	Westleigh Park Martin Road Havant Hampshire PO9 5TH	
ATB Contact Name, Telephone Number and Email Address	Leslie Ilett 02392 412800 leslie@silverbikettraining.com	
Site Contact Name and Telephone Number (if different)		
Type of Inspection (tick as appropriate)	NEW ✓	RE-INSPECTION
If RE-INSPECTION was this initiated by the ATB or DSA? (tick as appropriate)	ATB	DSA

Criteria	Details / Site Conditions (refer to site plan for further detail)
Size of training area Must be a minimum of 80ft X 30ft (2400sqft) / 9.14m X 24.83m (227sqmt) of usable space <u>NOT</u> including run off space.	10147sqft Minimum width 50ft, max width 89ft Length 146ft
Suggested Maximum Number of Trainees	6
Is the site used by any 3 rd parties and if so, for what purpose?	Car park during football matches
Days and Times when site IS NOT available for use by ATB. Unless specified, site will be considered available at all times.	Not to be used on match days at this site
Is the training surface in a safe and usable condition? If no, please specify remedial work required.	Yes Tarmac in good condition



PROTECT When Complete

Training Area - Describe any hazards within the training area and specify any conditions of approval. - Specify how training area is to be identified (cones, fencing etc)	None Cones
Run Off Areas - Describe any hazards within the run off areas and specify any conditions of approval. - Specify how run off areas are to be identified (cones, fencing etc) - If required, specify measures to be taken to prevent 3rd parties entering run off / training areas	None Cones Cones at entrance, close gap in hedge with fencing/advertising banner
Beyond Run Off Areas - Describe any hazards beyond the run off areas and specify any conditions of approval. - Describe site boundary	Hedge/Grass Grass on two boundaries Hedge on remaining two boundaries
Site Access Describe any potential health and safety issues with gaining access to or from the site and specify any conditions of approval	None



General conditions of approval:

- The site must be maintained to a suitable standard. The training area should be regularly swept and kept clear of leaves, gravel and other debris at all times.
- Any alteration, amendment, improvement, addition or any other change whatsoever to the approved training area, run offs or immediately surrounding areas **MUST** be notified to the Agency, in writing, within seven days.
- All required aspects of Element E must be completed for all CBT Trainees
- The Training Site must only be used as specifically detailed in this report and on the accompanying site plan, copies of which should be provided to all registered instructors using the site.
- Training should be halted should a 3rd party enter the training area.
- In situations where a CBT training area is authorised for use by two or more ATB's, only one of the authorised ATB's may use the site at any given time, irrespective of the number of trainees in attendance. To do so may result in the authority for the site being withdrawn for all ATB's

In the opinion of the inspecting officer, <u>at the time of the inspection</u> was the site suitable for conducting Compulsory Basic Training?	YES If YES go to Section 3. If NO complete Section 1
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SECTION 1 (To be completed if site is <u>not</u> suitable)
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Can the site be made good?	YES / NO
If the site is not suitable but could be made good, specify all remedial work required. <i>(Please note that before a final approval can be granted, evidence will need to be provided that all specified remedial work has been completed to a satisfactory standard.)</i>	
Inspecting Officer Name and Telephone Number	
Date of Inspection	
Name of ATB representative accompanying visit (if applicable)	



PROTECT When Complete

SECTION 2

(To be completed when site has been made good as per conditions in section 1)

Date of Re-Inspection	
Was re-inspection a physical visit or was other evidence provided (if other, specify)	
Inspecting Officers Name and Telephone Number	
Name of ATB representative accompanying re-inspection (if applicable)	

SECTION 3

(To be completed when site is suitable for final approval)

Inspecting Office Name and Telephone Number	Richard Dolloway 07909 874 517
Date of Inspection	11/02/2015
Countersigning Officer Name	Kevin Parsons
Date of Countersignature	18/02/2015
Subject to the conditions detailed on this report and the accompanying site plan, this site is:	APPROVED
Maximum Number of Trainees	6

CBT Site Code (for completion by CBT Section)	1323/004
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Date application received by DSA 12/02/2015	8 week deadline 09/04/2015	Date Received by CBT Manager 12/02/2015	Date passed to countersigning officer 13/05/2015	Date passed back to CBT Section 18/02/2015
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PROTECT When Complete