

Risk Assessment Form

Version 1.0

Last Modified: March 1, 2014

NAME OF TRAINING PE	ROVIDER:	ABN:		
PHONE:	FAX:	EMAIL:		
DATE OF BUSINESS CO	MMENCEMENT:	WEBSITE:		
CONTACT PERSON:		POSITION:		
RELEVANT EXPERIENCE	 E			
Is the driver training provider of training provider to insert i	experienced in delivering the type INFORMATION	of training being undertaken?	YES	NO
INSURANCE				
	ve at least \$20,000,000 Public Lia covers the type of training being	bility Insurance coverage that will be curre undertaken?	ent YES	NO
	ve at least \$1,000,000 Professionaing and covers the type of training	al Indemnity Insurance coverage that will l g being undertaken?	be YES	NO
Has the training provider, prov	vided copies of these policies or C	Certificates of Currency?	YES	NO
STAFF QUALIFICATION				
	ecessary qualifications to conduct	-		
	ent First Aid Certificate and CPR	·	YES	NO
If the training being undertake training qualifications for deliv participant, prior to delivering	ering this course and have under	ognised, do the instructors have the corre taken the course they are delivering as a	ct YES	NO
	ommission for Children and Young	d Suitability Cards for Child Related g People	YES	NO
THE MINISTER OF THE PROPERTY O	THE CHARACTECIA			
VEHICLES USED FOR TR	RAINING			
During practical driver training In particular, low tyre pressure	g, mechanical failure and tyre failu e can cause tyre roll-off from the v	re are risks that require planning and mar	roll-over.	
During practical driver training In particular, low tyre pressure If participants in the driver training	g, mechanical failure and tyre failure can cause tyre roll-off from the vining course are using their own v		roll-over. e	NO

SAFETY EQUIPMENT

All Driver Training	providers must be	responsible for th	ne supply of thei	r own safety	equipment and	not rely on the ι	venue
having suitable equ	uipment available (as this equipmen	nt might be "out o	of order", mis	ssing important s	tocks or locked	1)

having suitable equipment available (as this equipment might be "out of order", missing important stocks or lo	cked)			
Does the driver training provider have access to a suitable First Aid Kit including neck brace?				
Does the driver training provider have access to Fire Extinguishers that are recharged?	YES	NO		
TRAINING PROVIDER TO INSERT INFORMATION				
EMERGENCY RESPONSE				
Does the driver training provider have an emergency response plan including important contact numbers for local Police, Ambulance, Fire Brigade, Hospital and Doctors?	YES	NO		
Does the driver training provider have documented Standard Operating Procedures for the training being undertaken?	YES	NO		
Does the driver training provider hold a pre-course safety briefing with instructors and participants?	YES	NO		
Does the driver training provider have an Incident Reporting System?	YES	NO		
Does the driver training provider have a Code of Conduct policies relating to sexual harassment, language and behaviour?	YES	NO		
TRAINING PROVIDER TO INSERT INFORMATION				
ADDITIONAL INFORMATION				
ADDITIONAL INFORMATION				
TRAINING PROVIDER TO INSERT ADDITIONAL INFORMATION				
I the undersigned hereby agree that the information provided in this document is true and accurate.				

NAME OF INSTRUCTOR: ______SIGNATURE: _____