



RESTRICTED

"Driving at Work" Policy - Driver Risk Assessment Form - "Fleet Vehicles"

(Note - this assessment **must** be carried out on commencement of employment and at least once annually, and only original documents should be accepted)

1) Driver's Name			
2) Directorate / Service			
3) Post Title		Annual Business Mileage (approx)	
4) Categories of Vehicle to be Driven	i) Car / MPV / Small Van (B) <input type="checkbox"/>	ii) Medium goods vehicles (3.5k - 7.5k kg) (C1) <input type="checkbox"/>	iii) Large vehicles (> 7.5k kg) (C,C+E) <input type="checkbox"/>
	iv) Minibus (D1) <input type="checkbox"/>	v) Bus (D) <input type="checkbox"/>	vi) Other <input type="checkbox"/> <i>Please detail:</i>
5) Line Manager's Name			
6) Please tick the type of assessment:	i) New Driver <input type="checkbox"/>	ii) Annual Assessment <input type="checkbox"/>	iii) Application for reinstatement of Authority to Drive <input type="checkbox"/>

Section One - Inspection of Driving Documents

*Section One **MUST** be completed by the **Manager***

(i) Driving Licence						Tick below as appropriate	
A)	Is the Driver's name and current address on the driving licence?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B)	Is the driving licence current and valid?				Yes <input type="checkbox"/> Valid until <input style="width: 80px;" type="text"/>	No <input type="checkbox"/>	
<i>(Note - On photocard licences the expiry date is located in Section 4B - Further guidance can be found on Staffnet)</i>							
C)	Has the Driver held a licence for OVER 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "No", have they successfully completed DCC Driver Development Training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D)	Is a full licence held for all relevant categories of vehicle being driven (as noted in (4) above?)				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E)	Does the Driver have any valid points on their licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes", how many? <input style="width: 40px;" type="text"/>	Is the Driver legally entitled to drive?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the Driver has more than 6 points on the licence, please enter below any offence codes recorded:							
Code	Date of Offence	No. of Points					

NOTE: If any of the Green "No" boxes in (i) above are ticked, authority to drive MUST NOT be granted

(ii) Drivers CPC (Certificate of Professional Competence) and Tachographs						Tick below as appropriate
A)	Is the Driver required to hold a Driver Qualification Card?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, is the Driver Qualification Card still valid?		Yes <input type="checkbox"/>	
<i>(Note - Further guidance can be found on Staffnet)</i>						
B)	Will vehicles over 3,500 kg be driven?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, is a valid Digital Tachograph card held?		Yes <input type="checkbox"/>	
<i>(Note - Further guidance can be found on Staffnet)</i>						

NOTE: If any of the Green "No" boxes in (ii) above are ticked, authority to drive MUST NOT be granted

Manager's Signature		Date Documents Inspected	
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Section Two - Assessment of the Driver

Section Two should be completed by the **Driver**

Tick below as appropriate

i) Have you been involved in two or more motor vehicle collisions / damage incidents whilst driving for work during the last 3 years? Yes No

ii) If yes, have you been considered blameworthy for two or more of these motor vehicle collisions / damage incidents? Yes No

NOTE: If "Yes" is noted for Question (ii) referral for a driving assessment is mandatory

iii) Do you regularly carry passengers (particularly young persons or vulnerable adults) on work business? Yes No

iv) Do you usually travel in excess of 5,000 business miles a year? Yes No

If you have answered "Yes" to either i) or ii) above you may benefit from attending a practical Driver Assessment training session. Regardless of your responses above, you may like the opportunity to participate in an approved driver development programme. If you would like to be considered, please tick YES Yes No

v) Have you had an eye test within the last 24 months? Yes No

Add statistical encouragement as to why this is beneficial!!!!

vi) Driver's declaration Please tick to confirm that you have read, understand and accept each declaration

I agree that the declarations contained within this risk assessment are correct and accurate.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I understand that it is my responsibility to declare to my manager any medical conditions I have, or medication that I may or will be taking that may adversely affect my ability to drive on Council's business	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I am aware of my obligations to notify my manager of any points on my licence that may impact on my ability to legally drive	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I have received, read and understand the Corporate "Drivers Code of Practice"	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I am aware of my obligations under the Highways Code	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
I have read and understand the following Dorset County Council policies: i) Driving at Work; ii) Alcohol and Substance Misuse; iii) Mobile Phones When Driving; iv) Smokefree; v) Lone Working	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Driver's Signature **Date**

NOTE: If any of the Green "No" boxes are ticked under (vi) above, authority to drive MUST NOT be granted

Section Three - Are there any further actions required?

Section Three should be agreed by both the **Driver** and **Manager**

Has the risk assessment process identified that a referral to the Corporate Driver Training & Compliance Officer (Fleet Services) is necessary, as per the trigger points in the Driving at Work policy (1. 6 or more points on the licence; 2 or more blameworthy collisions in a 3 year period; returning to driving following a period of disqualification)? If yes, this mandatory referral should be noted below, together with any other actions that may be required following completion of this risk assessment. Yes No

No	Required Action	By Whom	By When	Completed?
1)				
2)				
3)				
4)				

Section Four - Authority to Drive

i) To be completed by the Manager where Authority to Drive on Council business is granted **ii) To be completed by the Manager if the Authority to Drive is either not granted or revoked**

I have reviewed the information in Sections One to Three above, and grant this Driver authority to drive on the business of Dorset County Council on the basis of the information declared. Where the Driver notifies me of any change to the details declared above, I will review the content of this Risk Assessment and remove this Authority to Drive

Reason Authority to Drive is not granted / revoked:

Manager's Signature: **Manager's Signature:**

Manager's Name: **Manager's Name:**

Date: **Date:**

*Original to be retained by the Manager
Copy to be retained by the Driver*