

Restricted

Driving at Work Policy - Driver Risk Assessment Form"

Please complete the self-declaration below and return it to your line manager

Driver's Full Name: _____ Service: _____

Line Manager: _____ Post Title: _____

Which Directorate are you from?

- Adult and Community Services
 Environment and Economy
 Children's Services
 Public Health
 Chief Executives Department
 Dorset Waste Partnership

Reason for completion of assessment:

- New Driver
 Returning to Driving Duties following a period of disqualification
 Annual Assessment

Section One – Driver Risk Ranking (Please tick the relevant statements in boxes A to G below:

A) Driver Status	
Higher Risk	Lower Risk
Employed – Vocational Driver <input type="checkbox"/>	Employed – Occasional Driver <input type="checkbox"/>
	Volunteer <input type="checkbox"/>
	Elected Member <input type="checkbox"/>
	Governor <input type="checkbox"/>
	Other <input type="checkbox"/>

B) Type of Vehicle Driven	
Higher Risk	Lower Risk
Fleet Vehicle <input type="checkbox"/>	Personal Vehicle <input type="checkbox"/>

C) Categories of Vehicles Driven	
Higher Risk	Lower Risk
Large vehicles (> 7.5k kg) <input type="checkbox"/>	Car/MPV/Small Van <input type="checkbox"/>
Minibus <input type="checkbox"/>	Medium goods vehicles (3.5k-7.5kg) <input type="checkbox"/>
Bus <input type="checkbox"/>	Other <input type="checkbox"/>

D) Estimated Annual Business Mileage	
Higher Risk	Low Risk
Over 10,000 <input type="checkbox"/>	Less than 500 <input type="checkbox"/>
5,000 – 10,000 <input type="checkbox"/>	500 – 1,000 <input type="checkbox"/>
3,000 - 5,000 <input type="checkbox"/>	1,000 – 3,000 <input type="checkbox"/>

E) How many collisions have you been involved in within the last three years?	
Higher Risk	Lower Risk
4 or More <input type="checkbox"/>	Less than 4 <input type="checkbox"/>

F) For how many of these collisions do you believe you were "blameworthy"?	
Higher Risk	Lower Risk
2 or More <input type="checkbox"/>	Less than 2 <input type="checkbox"/>

G) How many current valid points do you have on your licence?	
Higher Risk	Lower Risk
6 or More Points <input type="checkbox"/>	Less than 6 Points <input type="checkbox"/>

If you have 6 or more points please provide details below

Code	No of Points	Expiry Date

Note - if you have ticked ANY boxes above in a Higher Risk category, your manager will need to:

- Arrange induction training (if a new employee)
- Check your insurance/MOT (if you drive your own vehicle);
- Check your driving licence;
- Check the Drivers CPC (Certificate of Professional Competence) / Digital Tachograph Card, if required (Fleet Drivers Only)

Section Two – Driver Self Declaration

Driving Licence

I confirm that I am legally entitled to drive, based on any endorsements and/or convictions noted on my driving licence?

Yes No

Roadworthy Vehicle

I can confirm that the vehicle(s) that I will drive on Council business is in a roadworthy condition and that a current valid MOT is held, where legally required.

Yes No N/A (I do not drive my own vehicle on DCC business)

Insurance Cover

I can confirm that a current valid insurance policy is maintained for the vehicle(s) that I will drive, and that the cover extends for me to drive on the business of Dorset County Council

Yes No N/A (I do not drive my own vehicle on DCC business)

NOTE – If you have answered NO to any questions in Section Two above, your authority to drive will be removed until the issues have been resolved.

Carrying Passengers

Do you regularly carry passengers (particularly young persons or vulnerable adults) on work business?

Yes No (If yes, you may benefit from attending a practical [Driver Assessment training session](#))

Eye Tests

Have you had an eye test within the last 24 months?

Yes No (If no, you should consider booking an eye test)

Declaration

I agree that the declarations contained within this risk assessment are correct and accurate.

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. (Guidance can be found at <https://www.gov.uk/health-conditions-and-driving>)

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.

Signed by: _____ **Date of Form Completion:** _____

Section Three – Further Action

Please identify below any further action / driver development needs identified during discussions with your Manager

[Note – Fleet Services reserve the right to carry out a spot-check on Driver Documentation]