"Driving at Work" Policy - Driver Risk Assessment Form

Drivers of Minibuses or other staff where driving constitutes an integral part of their duties

DORSET County Council

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

Driver's Name			
Please tick the type of vehicle driven:	School Minibus ☐	Hired/Loaned Minibus ☐	Personal Vehicle ☐ Other ☐
Vehicle Registration Number		Make/Model	
School			
Post Title		Annual Business Mileage (approx)	
Please tick the type of assessment:	New Driver ☐	Annual Assessment ☐	Application for reinstatement of authority to drive ☐

Section One - Inspection of Driving Documents

To be completed by the Headteacher (or a member of staff nominated by them)

(i) Driving Licence — Tick below as appropriate

"Driver Number" on the Licence

A) Is the Driver's name and current address on the driving licence? Yes ☐ **No** ☐

B) Is the driving licence current? Yes ☐ Valid until ☐ **No** ☐

C) Is a full licence held for all relevant categories of vehicle being driven? Yes ☐ **No** ☐

(Guidance on licence requirements for minibus driving are accessible from Staffnet - http://staffnet/media/word/i/e/Minibus_Flow_Chart_Nov_27.doc

D) Is the Driver legally entitled to drive, based on any endorsements and/or convictions noted on the driving licence? Yes ☐ **No** ☐

Number of Points that are "current" on the licence: ☐

Please enter below any offence codes recorded:

Offence Code	*Expiry Date*	*No. of Points*

(ii) MOT *(Drivers of Personal Vehicles only)* — Tick below as appropriate

Is there a current MOT for the vehicle detailed at the top of this checklist? *(If the vehicle is less than 3 years old, and therefore not subject to an annual MOT, please tick the N/A box)*

N/A ☐ Yes ☐ **No** ☐ Valid until ☐

(iii) Motor Vehicle Insurance *(Drivers of Personal Vehicles only)* — Tick below as appropriate

Name of Motor Insurer | Ins. Cert No

A) Is the Driver name noted either as the policyholder, or as a person entitled to drive on the Certificate? Yes ☐ **No** ☐

B) If the make of car and registration number is recorded on the certificate, does it match the vehicle details noted at the top of this checklist? Yes ☐ **No** ☐

C) Is the insurance certificate current? Yes ☐ Valid Until ☐ **No** ☐

D) Within the 'limitation as to use' section of the policy, is business use permitted? Yes ☐ **No** ☐

(Where the employee is not the policyholder, please check that business cover is not limited to the policyholder only.

Also, please note that 'Home to Duty' cover is not sufficient. Full business use cover is legally required)

Headteacher's (or nominated persons) signature :		Date Inspected:	

Section Two - Assessment of Driver

To be completed by the Driver — *Tick below as appropriate*

		Yes	No
i)	Have you held a driving licence for less than 2 years?	☐	☐
ii)	Do you regularly carry passengers (particularly minors) on work business?	☐	☐
iii)	Do you usually travel in excess of 5,000 business miles a year?	☐	☐
	If you have answered "Yes" to either i), ii) or iii) above, you may benefit from attending a practical Driver Assessment training session. If you would like to be considered for this, please tick this box -	**Yes** ☐	
iv)	Have you been deemed to be blameworthy in two or more motor vehicle collisions whilst driving for work during the last 3 years? *(If "Yes", a driving referral is mandatory under the Council's Driving at Work policy).*	**Yes** ☐	No ☐
v)	Have you six or more "current" points on your Driving Licence? (If "Yes", a driving referral is mandatory under the Council's Driving at Work policy).	**Yes** ☐	No ☐
vi)	Have you had an eye test within the last 24 months?	☐	☐

vii) **Health and Medical Declaration**

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 business.

(Tick)

Please tick here to confirm that you have read and accept this declaration : ☐

		Yes	No
viii)	Have you participated in any approved practical driver training within the last three years?	☐	☐

To be signed by the Driver		Date signed
I agree that the declarations contained within Section Two of this Risk Assessment are correct and accurate. I agree to comply with my legal obligations whilst driving on the public highway. I agree that I will notify the Headteacher in the event of any material change to any information declared within this assessment, including to my Driving Licence, MOT, Insurance documentation or medical health.		
		Please print your name

Section Three - Further actions required

To be agreed by both the Headteacher (or a member of staff nominated by them) and the Driver

Please note, if Section Two contains any highlighted boxes marked as "Yes", this form should be referred to the Driver Training Co-ordinator, Environment Directorate, Dorset County Council, County Hall, Dorchester, DT1 1XJ

No	Required Action (for instance, recommendation for eye test, attendance at Driver Training Assessment)	By Whom	By When
1)			
2)			
3)			

Section Four - Authority to Drive

To be signed by the Headteacher (or a member of Staff nominated by them)		Date documents were inspected
I have reviewed the information above to the best of my ability, and grant this Driver authority to drive on the business of the School. 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 where necessary.		
		Please print your name

*Where the Authority to Drive is either **not** granted or is revoked, please detail the reasons below. A new Risk Assessment should be completed to the satisfaction of the Headteacher before the Driver's Authority to Drive is granted / reinstated.*

Reason Authority to Drive is not granted / revoked		**Date :**	
Signed :		**Please print your name :**	

Original to be retained by the School, with a copy provided to the Driver on request