

## Site Specific Risk Assessment (SSRA)

<b>Qualification being assessed:</b>		<b>Date(s) of assessment:</b>	
<b>Assessment Centre:</b>		<b>Number of candidates:</b>	
<b>Location of assessment site including postcode:</b>		<b>* OS Grid Reference:</b>	
<b>Meeting point for emergency services:</b>  (*Helicopter landing)		<b>Location of nearest phone / Mobile signal reception:</b>	
<b>Nearest Accident and Emergency Hospital &amp; phone No:</b>		<b>* Land owner contact details:</b>	

\* If applicable

Additional hazards not covered by general risk assessments	Additional control measures required to reduce risks to acceptable level

**Risk assessment completed by:**

<b>Name:</b>		<b>Signature:</b>		<b>Date:</b>		<b>Contact Details:</b>	
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**Declaration:** I understand the risk assessments that have been carried out for the assessment that I am attending and the control measures that must be implemented. I have also received information regarding action in case of Fire, Medical Emergency and Accident Reporting and Recording. **I declare that I am fit to take part in the assessment and I agree to inform my assessor of any medical conditions that may affect my ability to take part in the assessment.**

Candidate Name	Signature	Emergency contact No.