

# "Driving at Work" Policy - Driver Risk Assessment Form



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

<b>Driver's Name</b>			
<b>Please tick the type of vehicle driven:</b>	Fleet Vehicle <input type="checkbox"/>	Hired/Loaned Vehicle <input type="checkbox"/>	Leased Car <input type="checkbox"/> Personal Vehicle <input type="checkbox"/>
<b>Vehicle Registration Number</b>		<b>Make/Model</b>	
<b>Directorate</b>			
<b>Post Title</b>		<b>Annual Business Mileage (approx)</b>	
<b>Please tick the type of assessment:</b>	New Driver <input type="checkbox"/>	Annual Assessment <input type="checkbox"/>	Application for reinstatement of authority to drive <input type="checkbox"/>

## Section One - Inspection of Driving Documents

*To be completed by the Manager*

**(i) Driving Licence** Tick below as appropriate

**"Driver Number" on the Licence** Yes No

**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

**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:*

Code	Expiry Date	No. of Points

**(ii) MOT (Drivers of Leased Cars or 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

**(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)*

**Manager's signature :** **Date Inspected:**

*If you have any queries whilst completing this section, please contact the Insurance Team on 01305 224075*

## Section Two - Assessment of Driver

To be completed by the Driver

Tick below as appropriate

i)	Have you held a driving licence for less than 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii)	Do you regularly carry passengers (particularly young persons or vulnerable adults) on work business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii)	Have you been deemed to be blameworthy in two or more motor vehicle collisions whilst driving for work (or anytime whilst driving a Leased Car) during the last 3 years? (If "Yes", a driving assessment is mandatory under the Council's Driving at Work policy).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv)	Have you six or more "current" points on your Driving Licence? (If "Yes", a driving assessment is mandatory under the Council's Driving at Work policy).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
v)	Have you had an eye test within the last 24 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
vi)	<b>Health and Medical Declaration</b> 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 : <input type="checkbox"/>		
vii)	Have you participated in any approved practical driver training within the last three years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I agree that the declarations contained within this Risk Assessment are correct and accurate. Furthermore I can confirm that I am aware of my obligations under the Highway Code and have read the following Dorset County Council policies :

[Driving at Work](#)

[Misuse of Alcohol and Drugs](#)

[Mobile Phones When Driving](#)

[Smokefree](#)

[Lone Working](#)

Driver's signature :

Date :

## Section Three - Are there any further actions required?

To be agreed by both the Manager and Driver

No	Required Action	By Whom	By When
1)			
2)			
3)			

## Section Four - Authority to Drive

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 (or any time whilst using a Leased Car) 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 where necessary.

Manager's signature :

Date :

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 Manager before the Driver's Authority to Drive is granted / reinstated.

Reason Authority to Drive is not granted / revoked

Manager's signature :

Date :

Original to: Directorate Business Support (in an envelope marked confidential)

Copy to be retained by: the Driver and the Manager