



Risk Assessment Form

Version 1.0

Last Modified: March 15, 2015

NAME OF TRAINING PROVIDER: _____ ABN: _____

PHONE: _____ FAX: _____ EMAIL: _____

DATE OF BUSINESS COMMENCEMENT: _____ WEBSITE: _____

CONTACT PERSON: _____ POSITION: _____

RELEVANT EXPERIENCE

| | | |
|--|-----|----|
| Is the driver training provider experienced in delivering the type of training being undertaken? | YES | NO |
|--|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

INSURANCE

| | | |
|--|-----|----|
| Does the training provider have at least \$20,000,000 Public Liability Insurance coverage that will be current at the date of the training and covers the type of training being undertaken? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| Does the training provider have at least \$1,000,000 Professional Indemnity Insurance coverage that will be current at the date of the training and covers the type of training being undertaken? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Has the training provider, provided copies of these policies or Certificates of Currency? | YES | NO |
|---|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

STAFF QUALIFICATIONS

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| Do the instructors have the necessary qualifications to conduct this training? | YES | NO |
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| Do the instructors have a current First Aid Certificate and CPR qualifications? | YES | NO |
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| If the training being undertaken is Accredited and National Recognised, do the instructors have the correct training qualifications for delivering this course and have undertaken the course they are delivering as a participant, prior to delivering as an instructor? | YES | NO |
|---|-----|----|

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|--|-----|----|
| If young people are attending the course, do the instructors hold Suitability Cards for Child Related Employment from the QLD Commission for Children and Young People | YES | NO |
|--|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

VEHICLES USED FOR TRAINING

During practical driver training, mechanical failure and tyre failure are risks that require planning and management. In particular, low tyre pressure can cause tyre roll-off from the wheel which can lead to a crash or vehicle roll-over.

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|---|-----|----|
| If participants in the driver training course are using their own vehicles, will the training provider undertake safety check on each vehicle prior to the commencement of training, including measurement and recording of tyre pressures. | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| If the training provider is supplying vehicles, will the training provider undertake safety check on the vehicles prior to the commencement of training, including measurement and recording of tyre pressures. | YES | NO |
|---|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

SAFETY EQUIPMENT

All Driver Training providers must be responsible for the supply of their own safety equipment and not rely on the venue having suitable equipment available (as this equipment might be "out of order", missing important stocks or locked)

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| Does the driver training provider have access to a suitable First Aid Kit including neck brace? | YES | NO |
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| | | |
|---|-----|----|
| Does the driver training provider have access to Fire Extinguishers that are recharged? | YES | NO |
|---|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

EMERGENCY RESPONSE

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| Does the driver training provider have an emergency response plan including important contact numbers for local Police, Ambulance, Fire Brigade, Hospital and Doctors? | YES | NO |
|--|-----|----|

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| Does the driver training provider have documented Standard Operating Procedures for the training being undertaken? | YES | NO |
|--|-----|----|

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| Does the driver training provider hold a pre-course safety briefing with instructors and participants? | YES | NO |
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| Does the driver training provider have an Incident Reporting System? | YES | NO |
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| | | |
|--|-----|----|
| Does the driver training provider have a Code of Conduct policies relating to sexual harassment, language and behaviour? | YES | NO |
|--|-----|----|

TRAINING PROVIDER TO INSERT INFORMATION

ADDITIONAL INFORMATION

TRAINING PROVIDER TO INSERT ADDITIONAL INFORMATION

I the undersigned hereby agree that the information provided in this document is true and accurate.

NAME OF INSTRUCTOR: _____ **SIGNATURE:** _____