

KKSS-TEK Risk Assessment Report

Company Name:		Date:		
Client Name:		Time:	Time:	
Vehicle Make & Model:		Reg No:	Reg No:	
Pre Driver checks				
Pre Vehicle checks				
Risk Assessment	Risk	Priority	Outcome	
MSM				
Speed				
Separation Distance				
Other Road Users				
Comments:				

KKSS - TEK Trainer_____ Signature_