



# KKSS-TEK Risk Assessment Report

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Time: \_\_\_\_\_

Vehicle Make & Model: \_\_\_\_\_

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 \_\_\_\_\_