

Site Specific Risk Assessment (SSRA)

Qualification being assessed:		Date of assessment:	
Assessment Centre:		Number of candidates:	
Location of 1 st assessment site including postcode or OS Grid Reference*		Location of 2 nd assessment site including postcode or OS Grid Reference*	
Meeting point for emergency services: (*Helicopter landing)		Location of nearest phone / Mobile signal reception:	
Nearest Accident and Emergency Hospital & phone No:		*Land owner contact details:	

* If applicable

Actioned Hazards	Control Measures

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	Candidate Number	Signature	Emergency contact No.

Risk Assessment Completed by:	Name:		Assessor Number:	
Emergency Contact Details:			Signature:	