

Employer/ Workplace Risk Assessment

Student name:		
Tutor name:		
Tutor confirms the student will be accessing this placement:		
Independently	With 1:1 support initially	With 1:1 support throughout
Tutor signed:		Date :
Company name:		
Address:		
Primary contact name:		
Mentor(s) name:		
Specialist clothing, uniform, dress code or PPE:		
Custom & practice (unwritten rules, tea fund etc.) breaks/lunchtime:		
Where are your toilet, washing and rest facilities?		
What are the main dangers on site, e.g. : slips, trips, falls,	Hazard is present	What controls do you have?

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Form checked & updated	
By:	Date: