



*Road Safety – Everyone's Business*

Date: 09 March 2011  
 Ask For: Ken Buchanan  
 Telephone: 01454 423163 Direct Line  
 Fax: (01454) 423161  
 E-mail: ken.buchanan@uk-roadsafety.co.uk  
 Your Ref:  
 Our Ref:

**MIDAS Emergency Evacuation Training Risk Assessment**



Authorised  
 MiDAS Training  
 Agent



Driving Standards  
 ORDIT Register



Approved SAFED  
 Trainer



Community  
 Transport  
 Association



Accredited Diploma

To ensure that you carry out MiDAS Training in a safe manner you are required to undertake this risk assessment as detailed below by ticking the appropriate box below. Please make notes in the non compliant section if applicable.

Area:	Description:	Compliant:	Non-Compliant:
<b>Pre Course Checklist</b>			
<b>Training Environment:</b>	Fire Exits		
	Toilets		
	Catering Facilities		
	Seating		
	General Environment - Temperature		
<b>Evacuation Training:</b>	Flat Firm Surface		
	Clear & Tidy Area		
	Adequate Lighting		
	Limited Public Access		

UK Road Safety Ltd, Oriel House, 8 Castle Street, Thornbury, Bristol, BS35 1HB  
 Tel: 01454 423160 Fax: 01454 423161  
 Website: [www.uk-roadsafety.co.uk](http://www.uk-roadsafety.co.uk) [www.childcare-ontheroad.co.uk](http://www.childcare-ontheroad.co.uk)  
 Directors: Kevin Packer FIRSO. Dip ASM. Dip DI. & Ken Buchanan.  
 UK Road Safety Limited is a Company registered in England & Wales No: 4362521

Ref: UKRS/MiDAS Fire Evac/001



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Training Vehicle	Damage		
	Doors		
	Clean/Tidy Interior		
	Seat Belts - Generation Type		
	Fire Extinguisher		
	First Aid Box		

Failure to comply with the above requirement may mean that training is being carried out in either an unsafe manner or environment and placing individuals at risk. Also training may be carried in breach of current legislation with regard to the road traffic act.

Please consider carefully the above when completing the form and return to UK Road Safety Ltd when completed. This must be received with all other paperwork Returned to UK Road Safety Ltd.

If you have any questions regarding this form please contact our office.

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

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