

CROCODILE/ALLIG8OR TRAIL (Please circle as appropriate)

ROUTE ASSESSMENT – _____ (enter school name and name of route)

NAME OF ASSESSOR/S AND POSITION IN SCHOOL
DESCRIPTION OF ROUTE
<i>Identify start point; describe route, junctions, use road names and direction walking as well as side of road walking on. Mark this route in red on your map.</i>
SIGNIFICANT HAZARDS
<i>Is there anything that concerns you? (e.g. poor visibility at junctions, busy roads etc) highlight these in yellow on your map and number them so they are easily identified.</i>
Signature of Assessor Date:
Please return form to: Liz Thorp, Pedestrian Skills Coordinator, Transport for Buckinghamshire, Amersham Area Office, King George V Road, Amersham, Bucks, HP6 5BL or email to: lthorp@buckscc.gov.uk