

# DRIVER EVALUATION ROAD TEST FORM

DRIVER NAME	Darren Charles Solomon -	DATE:	12/05/2023
OBSERVED BY	DENIS - FLEET	Time In&Out	
TRUCK #	P26	TRAILER #	

## PRE TRIP INSPECTION

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	360-degree walk-around performed	Tire check properly with air gauge	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All lights inspected Truck&Trailer	Mirrors adjusted	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Horn and windshield wipers inspected	Insurance/licensing info inspected	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Emergency equipment inspected	Oil check properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All fluids inspected	Understand weight distribution	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Slide tandems properly	Coupling & Uncoupling properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Check for oil,air,coolant leaks	Connects air&electric line to trailer properly	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

## BACKING AND PARKING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Making good angle while reverse parking	Get out and look before backing	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks if tandems are slid to the front	Using 4-way flasher	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses mirrors	Slowly backing	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Time spent on backing

Start time:

End Time:

## DRIVING

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses seatbelt	Verifies passenger is wearing seatbelt	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Starts vehicle properly	Observes Traffic patterns	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Does not allow vehicle to roll while stopped	Drives with both hands on steering wheel	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Steers smoothly	Keeps proper distance	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Brakes on time	Brakes smooth	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Speed appropriate for conditions	Uses mirrors properly every 10 sec	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses cellphone while driving	Keeps vehicle in proper lane while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Checks traffic in all directions	Using turn signals on time	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Approaches turn at proper speed	Turns only when traffic is cleared	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Uses engine brake properly	Does not exceed speed limit	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Follows and understand traffic signs	Looking at mirrors while turning	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Determines that pass is safe and legal	Signal used in advance of turn	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Makes wide turn	Checks traffic conditions/ road construction etc	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Passes in safe location	Returns to lane safely	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

DRIVER **PASS** / FAIL

NOTES:

17 YEARS

RECOMMENDING FOR RE-TEST

☐ YES ☒ NO

## Starting Fuel Form

As of today, 12/06/23 (date), I am signing this form that I will be charged for the fuel of the truck that I am assigned to. The fleet manager will take note of the quantity of fuel that is left in the fuel tank, and it will be further calculated in the accounting office. The national average for Diesel #2 (Ultra Low Sulfur Diesel) is 4.3 dollars per gallon.

Price of fuel charged: 227.04 \$

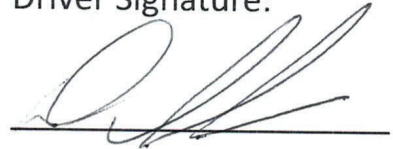
Truck fuel Percentage: 24 %

Truck number: 769

Driver Name:

Darren Solomon

Driver Signature:



Safety Officer Name:

Diana Baranda

Safety Officer Signature:

