



# DRIVER EVALUATION ROAD TEST FORM

|             |                     |           |         |          |
|-------------|---------------------|-----------|---------|----------|
| DRIVER NAME | DONDE Emanuel Roull |           | DATE    | 10/21/24 |
| OBSERVED BY |                     |           | Time In | Out      |
| TRUCK #     | 849                 | 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 type="checkbox"/> YES            | <input checked="" 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 type="checkbox"/> YES            | <input checked="" 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 type="checkbox"/> YES            | <input checked="" 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 type="checkbox"/> YES            | <input checked="" 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 type="checkbox"/> YES            | <input checked="" 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 type="checkbox"/> YES            | <input checked="" 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 et | <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:

12 YRS EXP

RECOMMENDING FOR RE-TEST

☐ YES ☐ NO