

DRIVER EVALUATION ROAD TEST FORM

Driver Name:	Cameron Martez Hampton	Date:	7/10/05, Thursday
Observed By:		Time In&Out:	
TRUCK#		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 type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All lights inspected Truck & Trailer	Mirrors adjusted	<input 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 type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Emergency equipment inspected	Oil check properly	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All fluids inspected	Understand weight distribution	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Slide tandems properly	Coupling & Uncoupling properly	<input 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 type="checkbox"/> YES	<input type="checkbox"/> NO

BACKING AND PARKING

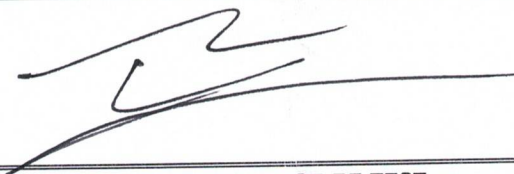
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Making good angle while reverse parking	Get out and look before backing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Checks if tandems are slid to the front	Using 4-way flasher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

DRIVING

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

PASS / FAIL

NOTES:



RECOMMENDING FOR RE-TEST

☐ YES ☐ NO