



Driver Evaluation Road Test Form

Driver: _____

Date of Road Test: _____ Observed by: _____

Note: All of the skills tested are important to help prevent accidents.

Pre-Trip Inspection Checklist

Yes _____ No _____ Successful Completion of the Vehicle Inspection Form

Placing Vehicle in Operation

Yes _____ No _____ Uses seat belt
Yes _____ No _____ Demonstrates how to disable phone while driving
Yes _____ No _____ Checks traffic patterns and demonstrates knowledge of right of way
Yes _____ No _____ Drives with both hands on the wheel
Yes _____ No _____ Maintains proper distance from vehicle in front
Yes _____ No _____ Maintains proper speed for conditions, and within speed limit

Backing and Parking

Yes _____ No _____ Stops in correct position
Yes _____ No _____ Avoids backing from blindside
Yes _____ No _____ Backs into parking spot whenever possible
Yes _____ No _____ Uses mirrors properly

Intersections

Yes _____ No _____ Prepares to stop vehicle, if necessary, even if traffic signal is green
Yes _____ No _____ Comes to a complete stop at stop signs
Yes _____ No _____ Checks in all directions for traffic conditions
Yes _____ No _____ Does not allow vehicle to roll when stopped

Turning

Yes _____ No _____ Makes sure vehicle is in proper lane for turn
Yes _____ No _____ Signals intention to turn well in advance
Yes _____ No _____ Approaches turn at proper speed
Yes _____ No _____ Checks traffic conditions and turns only when intersection is clear
Yes _____ No _____ Keeps vehicle in proper lane during turn

Passing

Yes _____ No _____ Only passes in safe location, where legally permitted
Yes _____ No _____ Checks ahead and behind to make sure passing room is adequate
Yes _____ No _____ Does not exceed speed limit
Yes _____ No _____ Uses directional signals properly
Yes _____ No _____ Leaves sufficient space between vehicles before moving back into lane

Cell Phones

Yes _____ No _____ Uses only when safely stopped off street or highway

Vehicle Accident

Yes _____ No _____ Driver understands that, in the event of an accident, he/she must immediately contact the police and then call his/her supervisor to report the accident. It is the driver's responsibility to ensure all information on any other vehicle/s involved is collected.

Summary & Recommendations (check appropriate recommendation and write in additional recommendations, if warranted)

Passed, Approved to drive

Failed, Re-Test in _____

Comments:

Signature of Tester

Signature of Driver

- **Completed Evaluation Form must be uploaded to the employee's profile in PD.**