

Driver Evaluation Road Test Form

Driver Name: LLoyd Test Date: 12-1-2022

Observed by: Ray Salmon

Vehicle Type and Number: TRACTOR & TRAILER 53 VAN

PRE-TRIP INSPECTION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	General vehicle condition noted	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	360-degree walk-around performed
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Parking brake set / applied	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Tires evaluated
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lighting inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steering inspected
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Horn and windshield wipers inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Mirrors adjusted
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency equipment inspected	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Insurance / licensing info inspected
PLACING VEHICLE IN OPERATION					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses seat belt	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Verifies passenger(s) is wearing seat belt
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Starts vehicle properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Observes traffic patterns
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll while stopped	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Drives with both hands on steering wheel
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Steers smoothly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Speed appropriate for conditions
BACKING AND PARKING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Gets out to look before backing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Avoids backing when possible
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses mirrors properly	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not blind-side back
INTERSECTIONS					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Covers the brake with foot in intersections	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic in all directions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Stops vehicle in proper location	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not allow vehicle to roll when stoppe
TURNING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Vehicle is in proper lane for turn	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signals used in advance of turn
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Approaches turn at proper speed	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks traffic conditions
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Turns only when traffic is cleared	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Keeps vehicle in proper lane while turning
PASSING					
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Determines that pass is safe and legal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Passes in safe location
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Checks ahead before passing	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Uses turn signal appropriately
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Returns to lane safely	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Does not exceed speed limit

YES / NO Cell phone used during this trip while driving?

YES / NO Vehicle pulled to a safe location during cell phone use?

RESULTS OF ROAD TEST: (circle one) DRIVER PASS DRIVER FAIL

Re-test on this date: _____

NOTES: _____

Evaluator Signature: [Signature]