

Sample Road Testing for Drivers of Automobiles, Vans & Light Trucks

Driver's Name (print): _____

Operator's License:

Issuing State _____ License Number _____ Class _____

Endorsement(s) _____ Expiration _____

Type of Vehicle Employed in Evaluation: _____

Instructions to Examiners

Possession of a driver's license does not verify that a driver can safely operate a vehicle. All drivers should be required to take a road test to evaluate their safety awareness. This checklist can help a supervisor administer a road test. Place a check mark: in the Yes box for items that the driver performs satisfactorily; in the No box when further training is recommended; and in the N/A box when the item does not apply to the operation of the vehicle that the driver will be assigned. Additional criteria may be necessary to meet a company's specific needs.

Pre-Trip Inspection

	YES	NO	N/A
Checks general condition of vehicle			
Checks condition of tires			
Checks lighting devices			
Checks horn and windshield wipers			
Checks and adjusts rearview mirrors			

Placing Vehicle in Operation

	YES	NO	N/A
Uses seat belt			
Starts vehicle properly			
Tests operation of brakes			
Shifts gears properly			

Driving

	YES	NO	N/A
Drives with both hands on the steering wheel			
Accelerates, steers, and brakes smoothly			
Keeps alert and checks for traffic conditions, especially at intersections			
Checks mirrors frequently			
Prepares to stop vehicle at an intersection, even if traffic signal is green			
Maintains proper speed for conditions, within speed limit			
Uses directional signals properly			
Stops vehicle in proper location			
Does not allow vehicle to roll, while it should be stopped			
Only passes in safe location, where legally allowed, and within legal speed limit			
Passes safely—that is, checks for vehicles ahead and behind, uses directional signals, warns the driver ahead of intent to pass, and leaves sufficient space before cutting back into lane			

Remarks: _____

Check one of the following:

- Qualified Qualified With Additional Training Not Qualified

Road Test Conducted by (print): _____

Signature: _____

Location / Telephone Number: _____

Date of Road Test: _____

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