



Driver New Orientation or Annual Review

Driver's Name _____ Date _____

Driver's License Number _____ Classification: _____

Orientation or Review _____ Type of Vehicle _____

	Score	Comments:
Vehicle Preparation:		
Pre-trip Inspection		
Seat Belts		
Mirror Adjustments		
Operation		
Mirror Use & Blind Spot		
Directional Signal Use		
Speed Control		
Following and Stopping Distance		
Lane Changes		
Intersections & Crossings		
Backing Technique		
Post Trip		
Parking		
Security		
Complete Log		

A = Acceptable, NA = Not Acceptable

Additional Comments:

Evaluator Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Please place copy of this form in driver's employee file