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 _____	General condition of vehicle
Yes _____	No _____	Proper operation of brakes including parking brake
Yes _____	No _____	Steering
Yes _____	No _____	All lighting devices and reflectors
Yes _____	No _____	Condition of tires
Yes _____	No _____	Horn and windshield wipers
Yes _____	No _____	Rear view mirror adjustment
Yes _____	No _____	Emergency equipment

Placing Vehicle in Operation

Yes _____	No _____	Uses seat belt
Yes _____	No _____	Starts vehicle properly
Yes _____	No _____	Checks traffic patterns
Yes _____	No _____	Drives with both hands on wheel
Yes _____	No _____	Steers smoothly
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 _____	Gets out of vehicle and checks entire area, including overhead, before backing
Yes _____	No _____	Uses mirrors properly

Intersections

Yes _____	No _____	Prepares to stop vehicle, if necessary, even if traffic signal is green
Yes _____	No _____	Checks in all directions for traffic conditions
Yes _____	No _____	Stops vehicle in proper location when required
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 _____	Warns vehicle ahead of intention to pass
Yes _____	No _____	Uses directional signals properly
Yes _____	No _____	Leaves sufficient space between vehicles before moving back into lane
Yes _____	No _____	Does not exceed speed limit

Cell Phones

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

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

___**Passed; Approved to drive:** (List vehicle Type) _____

___**Failed; Re-Test on**_____

Comments:_____

_____

_____

_____

_____

_____   _____
Signature of Tester   **Signature of Driver**

Scan and send form to Suzanne.Dimaio@Discounttire.com