

# Driver Road Testing Procedure

A road test should be administered to all prospective drivers after their driver history has been determined to be acceptable. The purpose of the Road Test is to determine if they can do the job expected of them. The Road Test will indicate the applicant's knowledge, skills and abilities directly related to the job and the applicant's response to traffic and the environment while driving.

Existing drivers may become complacent in their job and it is good to administer the same road test to them at least every 4 years. It should also be administered post accident.

The on-road portion of the test will be over a predetermined route that is indicative of the area that they will be traveling. The test will be a minimum of 30 minutes in length and include the following situations:

- Minimum four (4) left and right turns
- A straight section of highway in a commercial or business district
- Four or more intersections with various traffic controls (stop signs, traffic lights, yield signs)
- One tight curve
- A minimum of three mile stretch of highway where the drive will come up to speed, make at least one lane change and demonstrate merging techniques.
- A stop on hill (must keep vehicle into an arrival area)
- Backing into a parking space

All road tests will be recorded on the attached form to this document and signed by the driver and supervisor. A copy should be placed in the applicant file or employee file.

If the employee is deficient in one or more of the areas, the road test supervisor must make a decision based on accident history, driver history (MVR), and other overt observations to determine if additional training is required to bring the driver to acceptable driving standards.

# Record of Road Test

<input type="checkbox"/> Initial Road Test	<input type="checkbox"/> Re-certification	<input type="checkbox"/> Post Accident
Driver Name	Date	
Driver License #	State of Issue	
From	To	Miles Driven

**Did The Driver.....**

		YES	NO	SOMETIMES
1.	Use the Seatbelt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Use the FARSIGHTED seeing skills to prevent last minute surprises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Drive in the lane offering the least hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Maintain an adequate SPACE CUSHION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	DRIVE ALONE, not in a crowd?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	KEEP EYES MOVING continuously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Take in the WHOLE PICTURE using the mirrors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Approach intersection with the vehicle under control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Slow gradually when approaching red lights and stop signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Looks both ways prior to entering intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Recognize and react to blind intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Recognize stale green lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Stop for amber lights when possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Looks both ways before starting up on green light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Makes full stop at stop signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Use turn signals for turns and lane changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Turn in proper lane when making turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	COMMUNICATE effectively with horn and/or signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Drive within the posted speed limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Maintain proper speed for conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Blend smoothly with merging traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Keep both hands on steering wheel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Allow adequate space cushion when stopped behind other vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Back slowly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Examiner	Date
Signature of Driver	Date

# Record of Road Test

## Remarks

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<b>General Performance</b>		<b>Comments</b>
Pass	<input type="checkbox"/>	
Needs Improvement	<input type="checkbox"/>	
Fail	<input type="checkbox"/>	
<b>Test administered for the following type of vehicle</b>		<b>Comments</b>