A road test should be administered to all prospective drivers after their driver’s history is 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 four 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 a three-mile stretch of highway where the driver will come up to speed, make at least one lane change, and demonstrate merging techniques.
* A stop on a 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’s 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.

**This model form/template must be customized to meet your Agency’s needs.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 🞎 | **Initial Road Test** | | | 🞎 | **Re-certification** | | | 🞎 | | | **Post-Accident** | | |
|  | | | | | | | | | | | | | |
| **Driver Name** | | |  | | | **Date** | | |  | | | | |
| **Driver License No.** | | |  | | | **State of Issue** | | |  | | | | |
| **From** | |  | | | **To** |  | | | **Miles Driven** | | |  | |
| **Did the driver...** | | | | | | | **YES** | | | **NO** | | | **SOMETIMES** |
| **1.** | Use seatbelt? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **2.** | Use the FARSIGHTED seeing skills to prevent last-minute surprises? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **3.** | Drive in the lane offering the least hazards? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **4.** | Maintain an adequate SPACE CUSHION? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **5.** | DRIVE ALONE, not in a crowd? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **6.** | KEEP EYES MOVING continuously? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **7.** | Take in the WHOLE PICTURE using the mirrors? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **8.** | Approach intersection with the vehicle under control? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **9.** | Slow gradually when approaching red lights and stop signs? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **10.** | Looks both ways before entering intersections? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **11.** | Recognize and react to blind intersections? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **12.** | Recognize stale green lights? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **13.** | Stop for amber lights when possible? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **14.** | Looks both ways before starting up on green light? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **15.** | Makes a full stop at stop signs? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **16.** | Use turn signals for turns and lane changes? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **17.** | Turn in the proper lane when making a turn? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **18.** | COMMUNICATE effectively with the horn and/or signals? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **19.** | Drive within the posted speed limits? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **20.** | Maintain proper speed for conditions? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **21.** | Blend smoothly with merging traffic? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **22.** | Keep both hands on the steering wheel? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **23.** | Allow adequate space cushion when stopped behind other vehicles? | | | | | | 🞎 | | | 🞎 | | | 🞎 |
| **24.** | Back slowly? | | | | | | 🞎 | | | 🞎 | | | 🞎 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Examiner |  | Date |  |
| Signature of Driver |  | Date |  |

|  |  |  |
| --- | --- | --- |
| **Remarks** | | |
| **`** | | |
| **General Performance** |  | **Comments** |
| Pass | 🞎 |  |
| Needs Improvement | 🞎 |  |
| Fail | 🞎 |  |
| **Test administered for the following type of vehicle** | **Comments** | |
|  |  | |