

EQUIPMENT ROAD TEST

Appendix D

Drivers Name: _____

Date: _____

Emp. Assignment: _____

Veh. Type: _____

The purpose of this road test is to ensure the driver knows how to safely operate the vehicle/equipment, & understands safe work practices. The equipment/vehicle selected for this test is a typical sample of the equipment/vehicle employee will operate as an employee.

Please circle the appropriate response based on your observations of the driver's operating habits. If the driver completed the task or maneuver in a safe and proper manner circle "YES". If the driver failed to complete the task/maneuver safely or operated the equipment/vehicle improperly circle "NO" and explain the deficiency, e.g., failed to operate or manipulate equipment/vehicle properly, etc.

Explain

Vehicle Set-Up	Adjust seat, mirrors, vehicle/equipment, & got generally acquainted with vehicle prior to operation?	YES	NO	
Seat Belts	Used seatbelt properly?	YES	NO	
Steering	Steered vehicle smoothly when driving straight ahead, turning, & backing?	YES	NO	
Speed	Obedied posted speed laws & adjusted speed for activity, road & traffic conditions?	YES	NO	
Equipment Manipulation	Manipulated equipment in designed & intended manner?	YES	NO	
Parking	Parked equipment in a safe location & in an appropriate manner?	YES	NO	
Regulations	When using equipment, complied with all applicable government regulations?	YES	NO	
Safety	Understands safety features & procedures for equipment?	YES	NO	
Limitations	Understands equipment design & limitations?	YES	NO	
Other Activity		YES	NO	
Other Activity		YES	NO	
Other Activity		YES	NO	

(Circle appropriate opinion)

It is my considered opinion that this driver (**possesses or does not possess**) sufficient driving skills to safely operate county vehicle's.

Evaluator Signature: _____

Title: _____