



NATIONAL INDEPENDENT BUSINESS ALLIANCE

Driver Evaluation Road Test Form

Date of Road Test _____ Observed By _____ Position _____

Driver Name _____ DL # _____ State _____ Years CDL _____

Pre-Trip Inspection Checklist

Acceptable	Unacceptable	Checklist
		General Conditions of Vehicle
		Proper Operation of Parking Brake and Brakes
		Steering and Blinkers work Properly
		All Lighting Devices and Reflectors are in working order
		Condition of Tires
		Horn and Windshield Wipers including Washer Fluid are Operational
		Rear View Mirror and Side Mirror Adjustment Works
		Emergency Equipment
		In Camera Cab Camera Operational

Placing Vehicle in Operation

YES	NO	Actions to be Evaluated
		Does a Walk-Around the Vehicle before he enters the Vehicle
		Uses Seat Belt Properly and Fastens it before placing Vehicle in Gear
		Starts Vehicle Properly and Observes all Gauges
		Checks Traffic Patterns and Observes all Traffic Signals
		Does Not Allow Vehicle to Roll while stopped and looks both directions before taking off
		Drives with both hands on the Steering Wheel and is Focused on the Road Ahead
		Steers smoothly and is Aware of their surrounding
		Maintains Proper Speed and Distances from other Vehicles
		Adjust Driving Speed and Distances based on Driving Conditions

Backing and Parking of Vehicle

YES	NO	Actions to be Evaluated
		Stops in Correct Position
		Avoids Backing from Blindside
		Does a Walk-Around of the Vehicle, Checking Entire Area, including Overhead
		Uses All Mirrors Properly (and Back-Up Cameras if equipped with them)

Intersections

YES	NO	Actions to be Evaluated
		Prepared to STOP Vehicle in Case of an Emergency even if Traffic Light is Green
		Checks in All Directions for Traffic Conditions and is Aware of Potential Hazards
		Stops Vehicle in Proper Location and Maintains the Proper Distance from other Vehicles
		Does Not Allow Vehicle to Roll while Stopped and looks in Both Directions before Taking Off. NEVER ROLLS INTO AN INTERSECTION AND PROCEEDS WITHOUT A COMPLETE STOP
		Takes off at the Proper Speed and is aware of Hard-Braking at each Stop

Turning

YES	NO	Actions to be Evaluated
		Make sure Vehicle is in Proper Lane for turn
		Signal Intentions for Turn well in Advance of Turn
		Approaches Turn at proper Speed and does not Hard-Brake prior to Turn
		Checks Intersection in all directions and only proceeds to Turn when intersection is Safe
		Keeps Vehicle in proper Lane through entire Turn

Passing other Vehicles

YES	NO	Actions to be Evaluated
		Only Pass in Safe Area where Legally Permitted
		Check Ahead and Behind to make sure passing distance is adequate
		Warns Vehicle ahead of passing and does not tail-gate other Vehicle before passing
		Uses Directional Signals Properly before passing and re-entering Lane
		Leave Sufficient Space between Vehicles before re-entering into Lane
		Does not Exceed Speed Limit until time to pass other Vehicle
		Does not Drive in the Passing Lane (Left Lane)

Cell Phone Usage

YES	NO	Actions to be Evaluated
		Never Text, Talk or Email while Vehicle is moving
		Uses Cell Phone only when safely stopped in a safe area off the street or highway
		Does not Check Phone while Vehicle is moving

Please Note: All of the Skills Tested and Observed are very Important to prevent Accidents.

Date _____ Authorized Company Representative
 _____ Acceptable _____ Unacceptable By _____
 Printed Name Signature

_____ I have completed this Driver Evaluation on my own free will and any issues have been explained to me fully by an authorized Company Representative and I accept that this Driver Evaluation Form is correct and represents my driving ability correctly.

Tested Driver

Date _____ By _____
 Printed Name Signature