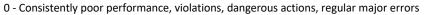


## **Driver Assessment Form**

Driver Name:	Licence #:		Company:		
Date / Time:	Weather:		Vehicle Type:		
Assessor:	Route:	oute:			
	Score		Comments		
Observation					
Eye lead time					
Left to right scanning; shoulder check	s				
Mirrors / tracking traffic					
Space Management					
Following distance					
Space at stops					
Path of least resistance					
Right-of-way					
Speed Control					
Acceleration/deceleration - smoothne	ess				
Braking: full stops, smooth					
Speed for conditions					
Speed and traffic signs					
Steering					
Lane / turn position / set-up					
Steering: hand position, smoothness					
Communication					
Signals: timing and use					
Other: horn, eye contact					
General					
Seat and mirror adjustment; seat belt us	se				
Parking / Reversing					
Anticipation / Driving Adjustments					
Judgment: decision-making					
Timing: approach, traffic interactions					
Total Score (out of	40)				

## Scoring Guide:



1 - Needs improvement, regular minor errors, inconsistent performance, no caution, poor attitude

2 - Consistently good performance, smooth and precise vehicle control, safe interactions with traffic

ROAD SAFETY AT WORK

32 out of 40 (80%) required to pass with no zeros, maximum of eight 1's.