

# DOT / CDL DRIVER EVALUATION ROAD TEST FORM

Driver Name \_\_\_\_\_

Test Date \_\_\_\_\_

Observed By \_\_\_\_\_

Vehicle Type and Number \_\_\_\_\_

PRE-TRIP INSPECTION					
Yes	No	General vehicle condition noted	Yes	No	360-degree walk-around performed
Yes	No	Parking brake set / applied	Yes	No	Tires evaluated
Yes	No	Lighting inspected	Yes	No	Steering inspected
Yes	No	Horn and windshield wipers inspected	Yes	No	Mirrors adjusted
Yes	No	Emergency equipment inspected	Yes	No	Insurance / licensing info inspected
Yes	No	NAEGR book in the vehicle within an arm's reach	Yes	No	SDSs of the product transporting on hand
PLACING VEHICLE IN OPERATION					
Yes	No	Uses seat belt	Yes	No	Verifies passenger(s) is wearing seat belt
Yes	No	Starts vehicle properly	Yes	No	Observes traffic patterns
Yes	No	Does not allow vehicle to roll while stopped	Yes	No	Drives with both hands-on steering wheel
Yes	No	Steers smoothly	Yes	No	Speed appropriate for conditions
BACKING AND PARKING					
Yes	No	Gets out to look before backing	Yes	No	Avoids backing when possible
Yes	No	Uses mirrors properly	Yes	No	Does not blind-side back
INTERSECTIONS					
Yes	No	Covers the brake with foot in intersections	Yes	No	Checks traffic in all directions
Yes	No	Stops vehicle in proper location	Yes	No	Does not allow vehicle to roll when stopped
TURNING					
Yes	No	Vehicle is in proper lane for turn	Yes	No	Signals used in advance of turn
Yes	No	Approaches turn at proper speed	Yes	No	Checks traffic conditions
Yes	No	Turns only when traffic is cleared	Yes	No	Keeps vehicle in proper lane while turning
PASSING					
Yes	No	Determines that pass is safe and legal	Yes	No	Passes in safe location
Yes	No	Checks ahead before passing	Yes	No	Uses turn signal appropriately
Yes	No	Returns to lane safely	Yes	No	Does not exceed speed limit
Yes	No	Cell phone used during this trip while driving	Yes	No	Vehicle pulled to a safe location during cell phone use

NOTES

This is to certify that the above name driver was given a road test under my supervision on the above test date. It is my consider opinion that the driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

**RESULT OF ROAD TEST**

**Driver Pass**     **Driver Fail**

Driver's Signature \_\_\_\_\_

Date \_\_\_\_\_

Retest on this Date \_\_\_\_\_

