Winchester Fire and Rescue Department

Ambulance
DRIVER CHECK OFF

NAME: _____ **Date:** _____

DRIVING HABITS		
	Starts off smoothly	
	Brakes Smoothly	
	Appropriate speed for road conditions	
	Proper use of signals, mirrors, seat belts	
	Appropriate cornering	
	Proper backing (use of spotter)	
	Attention to hazards (intersections, trees, vehicles	
	Overall Safety	
DRIVER KNOWLEDGE		
	Knows where going	
	Apparatus placement	
	Apparatus familiarity	
OPERATIONS		
	Smooth control operation	
	Proper spotting of vehicle	
	Knowledge of equipment	
	Overall safety	

1 = NEEDS IMPROVEMENT 2 = GOOD 3 = EXCELLENT

Comments

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