

FLEET DRIVER ASSESSMENT FORM

FLEET DRIVER ASSESSMENT REPORT



**Lincolnshire
Road
Safety
Partnership**

LRSP REFERENCE NO:.....

COMPANY:.....

DRIVERS Name:.....

DRIVING LICENCE CHECKED: YES / NO

Number:

VEHICLE:.....

REGISTRATION No.....

EYE SIGHT CHECKED: YES / NO

DATE: / / TIME: : am pm

RISK FACTOR

HIGH

MEDIUM

LOW

CATEGORIES	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	COMMENTS
VEHICLE CHECKS						
COCKPIT DRILL CHECKS						
STEERING						
CONTROL / SMOOTHNESS						
OBSERVATIONS						
USE of MIRRORS						
USE of SIGNALS						
BRAKING SENSE						
ACCELERATION SENSE						
GEARS						
HAZARD RECOGNITION & AVOIDANCE						
POSITIONING						
CORNERING						
PROGRESS						
USE of SPEED / SPEED LIMITS						
FOLLOWING DISTANCE						
AWARENESS & PLANNING						
OVERTAKING						

SUMMARY / RECOMMENDATIONS

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FLEET TRAINING
INSTRUCTORS
SIGNATURE:

DRIVERS
SIGNATURE: