

DRIVER and VEHICLE ORIENTATION CHECKLIST

DRIVER'S NAME: _____

DEPARTMENT: _____ LOCATION _____

- I. Driver Responsibilities:
_____ Discussed driver rules and responsibilities.
_____ Conducted joint vehicle inspection.
- II. Accident Procedures:
_____ Discussed vehicle accident procedures.
_____ Reviewed use of Vehicle Accident Report Kit.
_____ Notification that a driving test may be required after an accident.
_____ Discussed Post Accident Drug Testing Policy.
- III. Accident Review Process:
_____ Discussed accident review process and guidelines.
- IV. Motor Vehicle Record (MVR) Policy:
_____ Discussed MVR standards and implications.

I have reviewed and discussed with this driver the safety requirements and procedures outlined in this orientation procedure and reasonably feel that he/she can perform his/her driving functions safely.

SIGNED BY SUPERVISOR: _____ DATE: _____

I have reviewed and discussed with my supervisor the driving safety requirements and procedures outlined in this checklist.

SIGNED BY DRIVER: _____ DATE: _____