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:__________________