

Pre-Trip Assessment - Driver Evaluation

Driver Name: _____		DL # _____	Examiner Name: _____
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Under Hood Inspection: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Checked Fluids</td></tr> <tr><td>Belts / Hoses</td></tr> <tr><td>Engine / Fan</td></tr> <tr><td>Checked Frame</td></tr> <tr><td>Suspension</td></tr> <tr><td>Checked Brakes</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Checked Fluids	Belts / Hoses	Engine / Fan	Checked Frame	Suspension	Checked Brakes				Out-Side Inspection: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>General Condition/Appearance</td></tr> <tr><td>Checked Wheels/Tires</td></tr> <tr><td>Brakes/Suspensions</td></tr> <tr><td>Frame / Undercarriage</td></tr> <tr><td>Exhaust / Fuel</td></tr> <tr><td>Lights / Reflectors</td></tr> <tr><td>Coupling Systems</td></tr> <tr><td>Plate / Inspection Stickers</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	General Condition/Appearance	Checked Wheels/Tires	Brakes/Suspensions	Frame / Undercarriage	Exhaust / Fuel	Lights / Reflectors	Coupling Systems	Plate / Inspection Stickers			Uncoupling: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Confirms stable ground for trailer</td></tr> <tr><td>Lowers landing gear correctly</td></tr> <tr><td>Properly releases FifthWheel</td></tr> <tr><td>Pulls out slowly from under trailer</td></tr> <tr><td>Confirms trailer is properly supported</td></tr> <tr><td>Disconnects Air Electricals lines properly</td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	Confirms stable ground for trailer	Lowers landing gear correctly	Properly releases FifthWheel	Pulls out slowly from under trailer	Confirms trailer is properly supported	Disconnects Air Electricals lines properly			
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Expected Standards	
1 – Not Satisfactory – Requires Training	3 – Satisfactory – Meets Expected Standards
2 – Fair – Requires more practice to meet standards	4 – Very Good – Exceeds Expected Standards

Over all Assessment <input type="checkbox"/> Pass <input type="checkbox"/> Conditional Pass <input type="checkbox"/> Fail	
Examiner Signatures: _____	Driver Signatures: _____
Date: _____	Date: _____