



UPS

Tractor - Trailer Road Test Report

Type Equipment			
Type of Power Unit	HTD	LNG	CNG
Circle if Applicable - Tractor Only			
Circle Number Of Trailer (s)			
1 2 3	28 Foot	Trailer (S)	
1 2	40 Foot	Trailer (S)	
1 2	45 Foot	Trailer (S)	
1 2	48 foot	Trailer (S)	
1	53 foot	Trailer	

Employee ID:	Applicant ID (if applicable):		
Name	License Exp. Date	Date	

In each section check only improper procedures and indicate the rating by placing an "X" in the box provided.
Rating Legend: E=Excellent, G=Good, F=Fair, P= Poor.

PRE-TRIP INSPECTION	COUPLING PROCEDURE	USE OF CLUTCH	BACKING
Inspects & recognizes defects, improper operation or any irregularities of the following items:	Aligns Equipment _____ Connect Air Lines/Light Cord _____ Check Rear for Hazard _____ Back Under Slowly _____ Test Fifth Wheel Lock _____ Secure Vehicle Properly _____ Visual Check Coupling _____ Raise Landing Gear _____	Disengages Completely _____ Engages Gently _____ Double Clutches Properly _____ Does Not Ride _____ Does Not Coast _____	Checks Rear _____ Sounds Horn _____ Backs Slowly _____ Checks Mirrors _____ Looks Out Windows _____ Uses Other Aids _____ Steers Correctly _____ Does Not Hit Dock _____
Documents _____ Lights _____ Reflectors _____ Tires _____ Wheels _____ Htr/Dfr/Air _____ Pedals _____ Switches _____ Horn _____ Steering _____ Chassis Undercarriage _____ Drain Air Tanks _____	Air Lines _____ Couplings _____ Emcy. Eqpt. _____ Gauges _____ Engine _____ Mirrors _____ Windows _____ Wipers _____ Emer. Brake _____ Ser. Brake _____	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	ENGINE START Park Brake Applied _____ Transmission Neutral _____ Clutch Depressed _____ Uses Starter Properly _____ Reads Gauges _____ Seat Belt _____	USE OF TRANSMISSION Starts in Low Gear _____ Uses Proper Sequence _____ Shifts Without Clashing _____ Upgear _____ Downgear _____ Timing _____	PARKING Does Not Hit Curb _____ Wheels Curbed _____ Chock Wheels (if necessary) _____ Park Brake Applied _____ Transmission in Neutral _____ Engine Off - Key Out _____
Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
UNCOUPLING PROCEDURE Secure Vehicle Properly _____ Chock Wheels (if necessary) _____ Lower Landing Gear _____ Disconnect Air Lines _____ Disconnect Light Cord _____ Unlock Fifth Wheel _____ Lower Trailer Gently _____ Check Firmness of Ground _____	ENGINE OPERATION Does Not Lug _____ Does Not Overspeed _____ Checks Gauges _____	USE OF BRAKES Applies Gently _____ Smooth Stop (no rebound) _____ Does Not Fan _____ Engine Assists Brakes _____ Uses Foot Brake Only _____ H/V When Stopped in Traffic _____	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>
Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>	Rating: E <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> P <input type="checkbox"/>

DRIVING HABITS	REMARKS (Show Habit Number & Explanation)
1. Traffic Signals 2. Warning Signals 3. Use of Horn 4. Steering 5. Intersections 6. Use of Lanes 7. Right of Way 8. Following 9. Right Turns 10. Left Turns 11. Speed Control 12. Use of Mirrors 13. Passing 14. Alertness 15. Familiarity - Rules 16. Defensive Driving	
QUALIFIED <input type="checkbox"/> NOT QUALIFIED <input type="checkbox"/>	

IF NOT QUALIFIED Explain Reasons: _____

Examiner's Signature _____ Applicant's Signature _____

CERTIFICATION OF ROAD TEST

Driver's Name (Print): _____ Employee ID: _____

Driver's License Number: _____ State: _____ Expiration Date: _____/_____/_____

Type of Power Unit:	Circle # of Trailer (s):	1	2	3	28 Foot	Trailer (S)	1	2	48 foot	Trailer (S)
HTD LNG CNG		1	2		40 Foot	Trailer (S)	1		53 foot	Trailer
		1	2		45 Foot	Trailer (S)	Circle If Applicable - Tractor Only			

This is to certify that the above named driver was given a road test under my supervision on _____/_____/_____ consisting of _____ miles of driving.
It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner's Name (Print) _____ Title _____

Examiner's Signature _____

UPS _____ District Address _____