

# Safe Driver Skill Verification Sheet



DRIVER NAME							
Grasp of Transportation Manual Policies	Vehicle Check Prior to Use	Loading & Unloading	Stopping Distances	Use of Mirrors	Overall handling of vehicle & passengers	Parking & Unloading	Overall Assessment
<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR	<input type="checkbox"/> GOOD <input type="checkbox"/> ADEQUATE <input type="checkbox"/> POOR
COMMENTS							
INSTRUCTOR NAME		INSTRUCTOR SIGNATURE			TODAY'S DATE		

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COMMENTS							
INSTRUCTOR NAME		INSTRUCTOR SIGNATURE			TODAY'S DATE		

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