



www.swabmaster.com  
P.O. Box 1210  
Brooks, AB T1R 1C1

# DRIVER EVALUATION CHECKLIST

Driver Name:		Evaluation Date:			
Evaluator Name:					
Vehicle Type:	Unit #:	Plate #:			

PRE-TRIP INSPECTION					
General Vehicle Condition Noted	YES	NO	360 Degree walk around performed	YES	NO
Parking Brake Set	YES	NO	Tires evaluated	YES	NO
Lighting Inspected	YES	NO	Steering inspected	YES	NO
Horn & Windshield wipers inspected	YES	NO	Mirrors are adjusted	YES	NO
Emergency Equipment Inspected	YES	NO	Insurance / Licensing inspected	YES	NO

PLACING VEHICLE IN OPERATION					
Is driver using a seat belt?	YES	NO	Verifies passenger is wearing seat belt	YES	NO
Starts vehicle properly	YES	NO	Observes traffic patterns	YES	NO
Does not allow vehicle to roll while stopped	YES	NO	Drives with both hands on the steering wheel	YES	NO
Steers smoothly	YES	NO	Speed appropriate for conditions	YES	NO

BACKING & PARKING					
Gets out to look before backing	YES	NO	Avoids backing when possible	YES	NO
Uses mirrors properly	YES	NO	Does not blind side back	YES	NO

INTERSECTIONS					
Covers the brake with foot in intersections	YES	NO	Checks traffic in all directions	YES	NO
Stops vehicle in proper location	YES	NO	Does not allow vehicle to roll when stopped	YES	NO

TURNING					
Vehicle is in proper lane for turn	YES	NO	Signals used in advance of turn	YES	NO
Approaches turn at proper speed	YES	NO	Checks traffic conditions	YES	NO
Turns only when traffic is clear	YES	NO	Vehicle is in proper lane after turn	YES	NO

PASSING					
Determines that pass is safe & legal	YES	NO	Passes in safe location	YES	NO
Checks ahead before passing	YES	NO	Uses turn signal appropriately	YES	NO
Returns to lane safely	YES	NO	Does not exceed speed limit	YES	NO

DRIVING DISTRACTIONS					
Cell phone used during this trip while driving?	YES	NO	Was driver driving while distracted	YES	NO

**IS THIS PERSON COMPETANT TO DRIVE SWAB MASTER VEHICLES?** **YES** **NO**

**COMMENTS**

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EVALUATORS SIGNATURE: \_\_\_\_\_

MANAGEMENT SIGNATURE: \_\_\_\_\_