

Fire Truck Driving Road Test Report

Driver Information

Driver Name

Employee ID

Date of Test

Evaluator Name

Fire Department

Vehicle Number

Pre-Trip Inspection

Item	Pass	Fail	Comments
Lights & Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires & Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Driving Skills Evaluation

Skill	Satisfactory	Needs Improvement	Unsatisfactory	Comments
Start/Stop Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Turns & Maneuvering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lane Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Use of Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Speed Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Comments & Recommendations

Final Result

☐

Pass

☐

Fail

Signatures

Driver Signature

Date

Evaluator Signature

Date