

PAVFR EMERGENCY VEHICLE ROAD TEST

Driver's Name: _____ Date: _____ Vehicle Type: _____

The purpose of this road test is to ensure the driver understands the rules of the road and can drive safely. The vehicle selected for this test is a typical sample of a vehicle the active member will drive as an active member.

Please circle the appropriate response based on your observations of the driver's driving habits. If the driver completed the task/maneuver in a safe and proper manner, check "YES". If driver failed to complete the task/maneuver safely or drove improperly, check "NO" and explain deficiency, e.g., failed to use turn signal, failed to conduct shoulder check when backing, exceeded speed limit, etc.

Vehicle Set-Up (Explained)

- | | YES | NO |
|---|-------|-------|
| 1. Performed Walk-around prior to boarding/moving vehicle | _____ | _____ |
| 2. Adjust seat & mirrors prior to driving? | _____ | _____ |
| 3. Driver used seat belt? | _____ | _____ |

Steering

- | | | |
|------------------------------|-------|-------|
| 1. Steered vehicle smoothly? | _____ | _____ |
|------------------------------|-------|-------|

Lane Selection & Position

- | | | |
|--|-------|-------|
| 1. Kept vehicle in proper traffic lane? | _____ | _____ |
| 2. Did driver make right-hand / left-hand turn into proper lane? | _____ | _____ |

Acceleration/Speed

- | | | |
|---|-------|-------|
| 1. Accelerated smoothly? | _____ | _____ |
| 2. Obeyed posted speed limit & adjusted speed for conditions? | _____ | _____ |

Directional Indicators

- | | | |
|--|-------|-------|
| 1. Used directional indicators properly? | _____ | _____ |
|--|-------|-------|

Space Cushions

- | | | |
|---|-------|-------|
| 1. Maintained adequate space cushions on all sides? | _____ | _____ |
|---|-------|-------|

Traffic Control Devices

- | | | |
|---|-------|-------|
| 1. Knew what devices meant & obeyed consistently? | _____ | _____ |
|---|-------|-------|

Lane Changes

- | | | |
|--|-------|-------|
| 1. Lane changes were safe, driver signaled & completed shoulder check? | _____ | _____ |
|--|-------|-------|

Reverse Parking Observation

- | | | |
|---|-------|-------|
| 1. Asked examiner to get out & be "spotter" for backing | _____ | _____ |
| 2. Checked for hazards prior to backing up & maneuvered vehicle properly? | _____ | _____ |
| 3. Selected safe location & used appropriate spacing? | _____ | _____ |
| 4. Scanned ahead & behind for potential hazards? | _____ | _____ |

Anticipate & React to Others

- | | | |
|--|-------|-------|
| 1. Anticipated possible driving errors by others & reacted safely? | _____ | _____ |
|--|-------|-------|

It is my considered opinion that driver (possesses / does not possess) sufficient driving skills to safely operate the identified type of vehicle.

EVOC Trainer Signature: _____ Title: _____