



DRIVER ORIENTATION FORM

(INSTRUCTIONS: All boxes are to be checked for response click to initiate a check mark if N/A or discrepancies fill in comments)

Employee Name: _____ Department: _____	Date: ____/____/____ DDC Date: ____/____/____
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Vehicle Inspection & Start-Up Certification:	
<input type="checkbox"/> Perform walk-around inspection of vehicle <input type="checkbox"/> Check oil, anti-freeze & brake fluids <input type="checkbox"/> Check for leaks (engine, rear-end, wheels) <input type="checkbox"/> Once ignition is on, driver acknowledges that vehicle is safe to operate	<input type="checkbox"/> Check for body damage <input type="checkbox"/> Check interior (seating, cleanliness, etc.) <input type="checkbox"/> Check interior gauges (fuel level) <input type="checkbox"/> Check tires (tread depth and condition)

Reporting Damage:	Reporting Mechanical Problems:
<input type="checkbox"/> Department Head / Supervisor <input type="checkbox"/> Fleet Management <input type="checkbox"/> Risk & Safety	<input type="checkbox"/> Supervisor <input type="checkbox"/> Fleet Management

Vehicle Maintenance:	
<input type="checkbox"/> Pre and Post trip inspections <input type="checkbox"/> Fuel key will be disabled if vehicle goes beyond maintenance mileage	<input type="checkbox"/> Never let fuel gauge go below ¼ tank

Vehicle Operational Safety:	
<input type="checkbox"/> Safety belts must be worn at all times by all riders <input type="checkbox"/> Never stop within 20 ft. of railroad tracks <input type="checkbox"/> Safe Speed is Speed Limit +/- 5mph <input type="checkbox"/> Zero tolerance for intoxicated driving <input type="checkbox"/> Never operate a County vehicle when fatigued <input type="checkbox"/> Never confront other drivers about their vehicle operations <input type="checkbox"/> Vehicles must be used in a safe and courteous manner <input type="checkbox"/> Never park in front of bars, pubs or liquor stores <input type="checkbox"/> Drivers may only stop by stores or restaurants that are on the same route as being traveled for business <input type="checkbox"/> Be a good example for the community and county <input type="checkbox"/> Never leave keys in vehicle ignitions	<input type="checkbox"/> Watch for road, pedestrian and traffic hazards <input type="checkbox"/> Vehicles may not leave the county without Dept. Head approval <input type="checkbox"/> There is zero tolerance for failing to report a vehicle accident <input type="checkbox"/> Call-in reports will be brought to Dept. Head's attention <input type="checkbox"/> Contact Risk & Safety regarding any prescription medications that would adversely affect the safe operation of the vehicle. <input type="checkbox"/> Never operate County vehicles in inclement weather unless critical <input type="checkbox"/> Only business related personnel in county vehicles <input type="checkbox"/> Never drive distracted, to include, but not limited to, eating, talking, loud music, texting, frequent 2-way or cell phones communications <input type="checkbox"/> Remain outside of vehicle when fueling

Accident Procedures and Documentation:	
<input type="checkbox"/> Call E-911 <input type="checkbox"/> Secure the vehicle <input type="checkbox"/> Attend to the injured <input type="checkbox"/> Do not admit fault <input type="checkbox"/> Photo everything (vehicles, license, tags, skid marks, people, interiors, environmental factors, traffic conditions, traffic control devices, etc.) <input type="checkbox"/> Get case number and/or witness contact information from Ga. State Patrol <input type="checkbox"/> Go for drug and alcohol testing <input type="checkbox"/> Complete and submit Motor Vehicle Accident Report, along with any photographs, to Risk & Safety	

Driver Health:	Employee Initials
Does the driver take any medications that would adversely affect the safe operation of a county vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the driver have any medical conditions that would adversely affect the safe operation of a county vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Road Test:	
<input type="checkbox"/> Safely turns and maneuvers vehicle <input type="checkbox"/> Demonstrates awareness of road hazards <input type="checkbox"/> Stayed within the Speed Limit	<input type="checkbox"/> Backing safety (backer if needed) <input type="checkbox"/> Proper use of turn signals <input type="checkbox"/> Parked safely

Vehicle Type:		
<input type="checkbox"/> Bus / Van	<input type="checkbox"/> Car	<input type="checkbox"/> Commercial vehicle / Truck

Employee Signature: _____	Date: ____/____/____
Instructor: _____	Date: ____/____/____

Emailed supervisor Driver Orientation form and authorization to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No Time: ____:____ am <input type="checkbox"/> pm <input type="checkbox"/>
