

Company Name: _____

TRAINING LOG

Trainer Print Name _____ Date started _____

Driver Print Name _____ Date ended _____

Purpose of Training: New Hire Review with current Driver

| Day | Driving Time | Passenger Time | Paper work Time | Rules/Skills/Securement |
|--------|----------------------------|----------------------------|----------------------------|----------------------------|
| Day 1 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 2 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 3 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 4 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 5 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 6 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 7 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 8 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 9 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |
| Day 10 | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours | <input type="text"/> hours |

Comments _____

Driver has successfully completed the Training/Review process and possesses the protective driving skills necessary to perform his/her driving duties in the areas of:

- | | |
|---|---|
| <input type="checkbox"/> Backing | <input type="checkbox"/> Compliance with all load securement procedures |
| <input type="checkbox"/> Lane changing | |
| <input type="checkbox"/> Following Distance | |
| <input type="checkbox"/> Turning | Paper work Procedures: |
| <input type="checkbox"/> Speed Control | <input type="checkbox"/> Reporting O, S & D |
| <input type="checkbox"/> Equipment Care | <input type="checkbox"/> Drivers sheet |
| <input type="checkbox"/> Proper use of Equipment | <input type="checkbox"/> Log book |
| <input type="checkbox"/> Proper inspection of Equipment | <input type="checkbox"/> Vehicle Inspection Report |
| <input type="checkbox"/> Hazard Preception | |

Trainer's Signature _____

Date _____