

**T.V.F.D.
Ambulance Co.
Driver Training Checklist**

To be completed by Co. officer or designated Driver Trainer.

Candidate's Name: _____

Driver Trainers Signature when Completed: _____

	Date				Initials
DOT Course	Flags				
	Cones				
5 Hrs. on-Road Each		D	D	D	D
Non-emergency Driving		I	I	I	I
Each box =1/2 hr.		D	D	D	D
		I	I	I	I

5 Hrs. off-Road Each		D	D	D	D
B/U & Parking Lot Maneuvers		I	I	I	I
Each box =1/2 hr.		D	D	D	D
		I	I	I	I

	Date				Initials
Operator Qualification Form Completed					
Test Drive With 2 nd Assistant Chief					
Go over Emergency Rules, Reg, and /SOG's with 2 nd Lt.					

10 Emergency Calls		D	D	D	D
With Driver Trainer		I	I	I	I
		D	D	D	D
		I	I	I	I