



Transportation & Safe Driving Training

Employee Name: _____ Date: _____

Department & Location: _____

Training Content (Supervisor - CHECK all that apply):

_____ UCP's Transportation & Safe Driving Presentation

_____ Distracted Driving (3 minute video) - Cell phones & distractions

_____ 5 Defensive Driving Strategies to Become a Safer, Smarter Drive (9 minute video) - Space Management, Situational Awareness, Parking Lots, Defensive Attitude

_____ How to Exit a Parking Lot (3 minute video) - Pulling out of parking spaces & backing up

_____ Full Size Van Loading & Q-Straints (8 minute video)

_____ Conversion/Mini Van Loading & Q-Straints (12 minute video)

_____ Vehicle Orientation & Evaluation (completed with supervisor, if applicable)

By signing below, I acknowledge carefully reviewing the assigned training content as listed above. My signature serves as a commitment to provide safe transportation to participants whom I support, and I agree to be a safe, defensive driver.

Employee Signature: _____ Date: _____